MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the and 2 Washington Maryland MARYLAND death b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RMRAL and give nearest town) þ write RURAL and give neerest lown) filled in Pages 1 Cumberland weeks after Hagerstown, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Western Maryland State Hospital 4. DATE 3. NAME OF Middle Lest paper DECEASED comple DEATH (Type or print) DOMINIGO Domenico 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR) carbon lest birthdey) pue Months Male event, WIDOWED DIVORCED July 26. physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) remove done during most of working life, even if retired) Railroad Caulonia, Italy any Trackman Retired attending ph Then please r oval, and in a 13. FATHER'S NAME Catherine Lipari Elarca Ali 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address moval, (Yes, no, or unkown) | (If yes give we rordetes of service) Cumberland, Mrs. Marie Ali. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ending physician. been signed by tl PART I. DEATH WAS CAUSED BY: FUNGOIDES IMMEDIATE CAUSE (e) burial-fransit DUE TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), steting the underlying has ceuse last. ained by the hospital or R: After this certificate had detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, farm, ' 2Dd. INJURY OCCURRED I 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this haspital) attended the deceased from IO may be reta 1/- 1961, and that death occurred at 155 M, from the causes and on the date stated above. saw the deceased alive on... 22e. SLONATURE ATTENDING STAFF Hulous DIRECTOR PHYS. PHYS. director, page be filed with th 22d. ADDRESS FUNE 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) St. Ambrose Cemetery Cresaptown. 0 Ruria 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE NOV 1 4 '61

Scarpelli, Cumberland, Md.

Allegiany

Day

USA

(County)

arihur S. Firmes

. IS RESIDENCE

YES NO X

1961

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Md.

INTERVAL BETWEEN

ONSET AND DEATH

MONTHS

PERFORMED? NO

(State)

22b. DATE

(Stete)

SIGNED

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ON A FARM?

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13136 CERTIFICATE OF DEATH

	1. PLACE OF DEATH		
)	e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Re-	
	Washington MARYLAND	. STATE Maryland b. COUNTY Wash	nington
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	
	Hagerstown 1 day	(Rural ) Williamsport RFD	#2 X
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	S IS RESIDENCE
	Washington County Hospital	Williamsport Md RFD #2	YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
	(Type or print) Michael Todd Aus	herman DEATH Nov.	19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 Y last birthdey)  Months   Delta   Delt	EAR IF UNDER 24 HRS.
		Nov. 10-61 yrs. Months	Pours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stele, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?
	None	Maryland	U.S.A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Kenneth Ausherman	Sheridan Ann Cooper	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.! 17. I		msport Md
	(Yes, no, or unkown) (If yes give wer or detes of service) No none Mr	. Kenneth Ausherman RFD	#2 H2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	. Meliticon manier man	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Atalectosis	ONSET AND DEATH
		Water Leader	2040-
	7620 DUE TO		
	Conditions, if eny, which gave rise to Immediate cause		
	(e), steting the underlying DUE TO		
	ceuse lest. (c)		WAS AUTORS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TELLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
	CAN		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHITER NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)	
	fact.	CE OF INJURY (Home, ferm, 20f. (City or town) (Count ory, street, office bldg., etc.)	y) (Stete)
	Hour e.m. While Not While et work et work	A street, office blogs, sic.,	
	21. I certify that (I) (this hospital) attended the depeased from	Mov. 10 101. 10 Lan (1 16)	, that (I) (we) last
		death occured at !! A.M., from the causes and on th	
	Ze/SIGNATURE X //		22b, DATE
	(1/4.0 3 /X/8/18/0. )	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
Н		DIRECTOR PHTS.	(1/12/0/
	24c. PHYSICAN'S (Type) Philip J. Hirshman	Hagerstown Marylan	d
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 123d. LOCATION (City, town or county)	(State)
	REMOVAL (Specify) Burial Nov. 13-61 Rest Haven	77 . 04	d.
	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	2 250. REC'D BY REGISTRAR 256. REGISTRAR'S 5	GNATURE
,	albert Leal Williammort	DATE NOV 1 4 '61 Cirthun S.	4 -1
	2 2 2 1 1 2 1 1 1 1 1	1000	
	2081171XV4		

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Recepetown Maryland

Hurial How. 13-61 Rest Saven Constery Universitions Md.

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filled in by the funeral Pages 1 and 2 should within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The lew requires that the death certificate be executed, within 24 hou death the may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ettending physician and complementallilled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in eny event within 72 hours efter depth.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13137 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	MARYI.AND WASHINGTON
b. CITY OR TOWN if outside corporate limits, c. LENGTH OF STAY IN 1b	MARYLAND WASHINGTON  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
CLEAR SPRING 5 YRS.	CLEAR SPRING, MD.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
RESIDENCE	S. MARTIN YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Typa or print)	OF DEATH NOVEMBER 20 10 63
E CEV DECOME	NETT NOVEMBER 20 19 61  B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	last birthday) Months Dave as Hours Min.
	MAY 3, 1899   62 yrs.   65   517   117   118
Ma. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if ratirad)	RY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
PAINTER HOUSE PAINTER	WOLF SUMMIT W. VA. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
man name	GENEVA LADUTO
EARL BARNETT  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	GENEVA JARVIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unkown)   (Ifyasgivewarordatasofsarvica)	
YES WORLD WAR 1 234-14-0207	MILLARD E. SHANK CLEAR SPRING, MD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c),	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CICLLE CO	ronary Ceclusion ONSET AND DEATH
11201	To control water
J 201 DUE TO	
Conditions, if any, which gave rise to immediate cause	V
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Healed Tastria	llcer PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NO CONTRIBUT	O. (Enter natura of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	s, tends notes of injury in fair to fair it of none (p.,
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
Hour a.m.  p.m.  19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	XLAT 15, 1961, 10/1075, 20, 1961 that (1) (we) last
11: 17	
	t death occured at
228. SIGNATURE	ATTENDING MED. STAFF 1/22b. DATE
Mura Mewer	A.D. PHYS. DIRECTOR PHYS.   146/6/
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typa) David K. Drewey	Clear Apring Ma.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (Stata)
RFMOVAL (Spacify)	OSE CEMETERY FRIENDSVILLE, MD.
20112112	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	MD. NOV 2 4 '61 Outly 8. Know
Margaret R. Rowland CLEAR SPRING,	MD. DATE HOV 2 4 '61 Orthur S. Kraus

VR A1S (4) 1SM 7/61

4 S TES CORRE NELLWI, Ch. LETTELL .C BOURS PARIET NOTE SUPERING TALES THE STATE STATE STATE OF THE PROPERTY OF THE P males yaster aller Low Lot Bucaco David K. Brewer Eval Norwy Na THE STATE OF THE PROPERTY OF T CONTRACTOR OF THE STATE OF THE

## MADVIAND STATE DEDADTMENT OF HEALTH

MAK	TLAND STATE DEPARTMENT OF I	REALIN
<b>DIVISION OF STATISTICAL RESE</b>	EARCH AND RECORDS, 301 W. PRESTON S	TREET, BALTIMORE 1, MARYLAND
13138	CERTIFICATE OF DEATH	13126

1. PLACE OF DEAT	Н				f institution: Residence before ed	dmission]
s. COUNTY	Washington	MARYLAND	. STATE Mari	yland b. cou	Mahineton	2
	(if outside corporate limits, d giva nearest town)	c. LENGTH OF STAY IN 16			ite RURAL end give neerest town	n)
	Magerstown	23 yrs.	_ Kag	erstown		
d. NAME OF HOSPI	ITAL OR INSTITUTION (if not i	in hospital, give streat address]	d. STREET ADDRES	S	e. IS RES	SIDENCE A FARM?
	209 High St.		1 209	High St.	YES 🗌	NO NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mon	th Day Yeer	
(Type or print)	Clude.	Hartle 1	Barnhart	DEATH NOW	ember 19 196	51
5. SEX	16. COLOR OR RACELY M.		DATE OF BIRTH	9. AGE (In year		
Male	1.11	OWED DIVORCED	Sept. 19, 18	886 lest birthdey)	Months Deys Hours	Min.
10a. USUAL OCCUPAT	TION (Give kind of work   1	Ob. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Co	unty & State, or foreign country	) 12. CITIZEN OF WHAT CO	OUNTRY?
Sheet	Metal	Fairchild Aircraf	t State	Line, Penna.	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
	ry W.Barnhart			Ann Hesser		
	ER IN U.S. ARMED FORCES?		NFORMANT	Addre	55	
No	11 7 6 5 G 1 TO THOI OF CONC. OF THOS	188-03-9951 Mrs	LC.H.Barnhe	art 209 High S	to Hagerstown, Md	ha
	DEATH [Enter only one couse		0		I INTERVAL BETY	
	TH WAS CAUSED BY:	Corcurra -	Stornoch		ONSET AND D	
151X	DUE TO		-	A		
101/		Asusclante	- Heart 1	rece	2.640	,
Conditions, if any	(-)		79-011		- 1	
geve rise to immed (a), steting the u	DUE TO					
couse last.					C. DOUGH CALL	
	P SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE CONDITION G	IVEN IN PART 1(a)   19. WAS A	LITOPSY
2	A SIGNIFICANT CONDITIONS	2011/1/10	T ALLEY TO THE TERM		PERFO	
3					YES 1	NO I
OR CONTRIBUTING	AS UNDERLYING [ 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury i	n Part I or Part II of item 18.)		
20c. TIME OF INJU	JRY Month, Day, Yaar	2Dd. INJURY OCCURRED   2De. PLA	CE OF INJURY (Home, fe	orm, 2Df. (City or town)	(County) (	(Stale)
Hour e.m.		THE THE THE TENTE OF THE TENTE	street, office bldg., e	tc.)		
prim.	17	of work at work		1		
21 I certify	that (I) (this hospital) a	attended the deceased from	cone 26	1917, to 16V19	, 19 <sup>C</sup> / <sub>2</sub> , that (I) (	we) las
//	1 1 1 1 1 1 1 1 1 1	4 19.61, and that	death aggregation	. //		
1/1/	sed alive on Sept	.r19.m.J, and mar	deam occured and			
22a. SIGNATURE	Molemer	M.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	1//	SIGNED
22c. PHYSICIAN'S	1/2		22d. ADDRESS	7 50 17 14-1-1-	1 . 01	
NAME (Type	Philip J.	Hirshman, M.D.		159 W. Washing	gton St.	
				Hagerstown Ma	rvland	
REMOVAL (Specify	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		1.	44.1	ata)
Burral				Hagerston		
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE	
Rest Have	en Juneral Chap	zel Hagerstown	1, Md. DATEN	10V 21 '61 C	bothung S. Kraus	
Why	· C. LADO!					

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	#S12.1				
4	as file			unt Grand	(M)
		and morning.	to the same		
		TIS HOUSENCE CONTRACTOR		Acres No.	
		,			
		State Views	act Streets		
		character should		town "Lines and	
		A LOSS Samuel 2. L. Daly	4.000-11-5-1		
	.db (ottues)	LSA M. Nas Life eva tona	.C.F. (auc. of Ell	. Patricy J.	
	A Section	ne that a line	ad Social T	SUCCERT MY	
			beauty My	E E ZE	7

W)	1. 6	LACE OF DEATH	Washington	,	MARYLAND	2. USUAL RES			sed lived. If Institu b. COUNT		e before odi	
	b	CITY OR TOWN (IF and give nearest lown)	dagerstow		c. LENGTH OF STAY IN 16	c. CITY OR			porate limits, write		ive nearest (	awn)
X	d	NAME OF HOSPITA			spital, give street address)	d. STREET A			7000 0 W		10	RESIDENCE N A FARM?
	1	IAME OF DECEASED Type or print)	Fir Eda		Middle Dale	Barnt		4. DATE OF DEATH	Nova	<b>,</b>	Day 3	Year 19 61
	5. S	ex Male	6. COLOR OR RACE White	7. MARRI WIDOWE	ED X NEVER MARRIED				9. AGE (In years lost birthday) 66 yrs.	IFUNDER 17		DER 24 HRS.
	10a.	USUAL OCCUPATION TO THE WORKING TO THE WORKING THE WOR	g life, even if retired)		KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPL	ACE (State			12. CITIZE		T COUNTRY
T	13.	FATHER'S NAME	Harry	W.Bar	nhart	14. MOTHER'S	MAIDEN N	IAME	'esser			
4	15. (Yes,	MAS DECEASED EVI	ER IN U. S. ARMED FO (If yes, give war or dates of	service)		NFORMANT S. Edythe	2 Moon	re R	# 6 Hag	ers town	2, Md.	
A		Canditians, if a gave rise to immed (a), stating the cause last.	fiate cause anderlying DUE TO	1/9	Cerefy /	t mo	res	hote	Vosel	lu Sis	INTERVAL BETT ONSET AND D	едтн
U	IFICATION				E HOW INJURY OCCURRED.					'EN IN PART 1	(e) 19. WAS PERF YES	ORMED?
		20c. EXTERNAL CAL PRIMARY Gr CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour g. m. p. m.	RY Month, Day, Yeo	20d. While	INJURY OCCURRED 200. PL	CE OF INJURY (Fory, street, office	lame, farm, bldg., etc.)	20f. (City	or tawn)	(Count		(State)
		deoth resulted					omicide		nspection <b>2</b> , ndetermined c			signed
2		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Dr. E. W.	Di ++	in	ASSISTAI	NT MEDICA	AMINER [] AL EXAMINE EXAMINER [		1-4-61		3101120
		BURIAL CREMATIO REMOVAL (Specify) BULLAL FUNERAL DIRECTOR	N, 226. DATE THEREO	F	2c. NAME OF CEMETERY OF Rest Haven	Cemeter		1.	TION (City, town,	ar caunty) STRAR'S SIGN	(Ste Md.	ate)
17/1	23.	ONERNE DIRECTOR	3 SIGNATURE		VODELTO		240. RCC L	BI KEGISI	KAK Z40. KEGI	SIKAK 3 SIGN	ATUKE	

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution; Residence before admission) a. COUNTY e. STATE b. COUNTY Washington Washington by the fand 2 sideath. Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) write RURAL and give nearest town) Middleburg E after 1 Day filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddress) STREET ADDRESS a. IS RESIDENCE ON A FARM? Washington County Hospital YES NO NAME OF Middle Last 4. DATE paper Month Dev Vani DECEASED OF comp (Type or print) Ruth Sprenkle Betts DEATH 19 61 Nov. with 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED and carbo lest birthdey) Female White WIDOWED T DIVORCED 1Da. USUAL OCCUPATION (Give kind of work remove BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. J.C. Penney Co. House Duties Waynesboro, Pa. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME affending Fred Frick Minnie Sprenkle ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgive war or dates of sarvica) Mrs. James Andrews, Hagerstown Md., #6 174-20-8203 18. CAUSE OF DEATH lEnter only one cause per line þ physicia PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) signed burial-transit ty sortemin ( attending Conditions, if any, which certificate has been gave rise to immediate ceuse DUE TO (e), stating the undarlying ceuse lest. the 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as of PERFORMED? NO use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING detached for OR CONTRIBUTING | CAUSE OF DEATH the DIRECTOR: After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL be retained by 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, ferm, (County) (Stete) Month, Day, Yeer 20f. (City or town) factory, streat, offica bldg., atc.) Hour em Not While jo at work et work 19 attended the deceased from .... and that death occurred at C.2.M, from the causes and on the date stated above. pinous saw the deceased SIGNED DIRECTOR PHYS. M.D. ector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify) o., Pa. Green Hill Wavnesboro, Franklin 0 Buria BY REGISTRAR DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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J. Day:

Alith Sprende

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174-20-2003 Mrs. Jones morrows, Hararathon Md., Mb

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F. C. F.

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deal age 4 may be retained by the hospital or attending physician.

OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and company filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO FU VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	N OF STATISTIC	AL RESE	ARCH AND R	ECORDS,		ON STREET,	BALTIMO	TEL MAR	YLAND
1,	PLACE OF DEA				2	. USUAL RESIDEN	ICE (Where dacas	sed livad, If Inst	tution: Residenc	e bafora admission)
	a. COUNTY					STATE AND	D.	b. COUNTY	VASHING	MOTE
_	WASHING				LAND	MARILAN	Ų			
	write RURAL	N (if outside corporate li and give nearest town)	nits,	c. LENGTH OF ST	AY IN 16	c. CITY OR TOWN	(If outside corporat	a limits, write Rt	IRAL and giva n	earest town)
T		LLE ROAD		5 YEAR	RS	XCLEAR :	SPRING,	MD.		
	d. NAME OF HO	SPITAL OR INSTITUTION	(if not in ho	spital, give street add	ress)	d. STREET ADDRESS	,			e. IS RESIDENCE
-		DOADDTNO	IIOB/II			/ NONE				YES NO
3 V	VARBURN NAME OF	BOARDING	HOME	Middla		NONE Last	4. DATE	Month	Day	Year
	DECEASED			Middia		5001	OF			
	(Type or print)	SAMUEL SCOTOR OF RAC		J.	BLAI	R	DEATH	11 /	4	1961
5.	SEX	8. COLOR OF RAC	E 7. MARRI	D NEVER MARRI		ATE OF BIRTH		GE (In years   IF	onths Days	IF UNDER 24 HRS. Hours Min.
	MALE	WHITTE	WIDOW	DIVORCE	D T	120/1886		75 yrs.	8 5	nours Min.
	. USUAL OCCUP	ATION (Giva kind of wo		IND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Cou	nty & Stata, or fore	ign country)		WHAT COUNTRY?
do	ne during most of	working life, even if ref	red)						** 0	
10	FARMER	RETIRED		FARMING_					U.S	. A.
13:	PATHEKS NAME				14	. MOTHER'S MAIDEN	NAME	- 2 - 10		
/	DOMNE.	Y BLAIR				ANNA E	LIZEBET	H GWIE	R	
	WAS DECEASED	EVER IN U.S. ARMED FO		SOCIAL SECURITY N	10. 17. INF	ORMANT		Address		
٠,	170	(If yes give wer or detes o		71 71 61	ak MR	RUTH MU	NDEY	CLEAR	SPRING	. MD.
	NO 18. CAUSE OF	NONE F DEATH (Enter only o	a causa par	14-14-64		HOIH MO	11001,	/	1 -	ERVAL BETWEEN
	PART I. DE 420 Conditions, if a gave rise to imm (a), stating tha	ediate cause	o b)	tc. My	PACH	pedial	What	rch's	W /n	Mediti
	causa last.		c)							
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON		NTRIBUTING TO DEA	TH BUT NOT R	ELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN		PERFORMED?
THE		WAS UNDERLYING	2Db. DE	CRIBE HOW INJURY	OCCURED. (E	nter nature of injury in	Part I or Part II of	itam 18.)		
CER	(IF EITHER, NOT	NG [] CAUSE OF DEATH	(3)							
¥	20c. TIME OF I	NJURY Month, Day,	ear   2Dd.	INJURY OCCURRED	2Da, PLACE	OF INJURY (Home, far	m, ' 20f. (City or	town)	(County)	(Stata)
MEDICAL	Hour a.r		Whil	eNot While	factory	straat, offica blog., at	c.)	/	/,	
W.	p.r	n. 19	at wo	rk at work		11/1//		11/11	///	
	21. I certify	hat (I) (this hos	oitel atte	ded the decease	ed from	11 T/62/	19/2., to	11/4/		nat (I) (we) las
	saw the de	eased alive on	141	[ 19	and that de	eath occured at.	M. from the	he causes an	d on the da	te stated above
	22a, SIGNATUR		1	7	1		/			22b. DATE
	Ca	CAKT	· CAMO	ung	M.D.	12	MED. DIRECTOR	STAFF PHYS.	11/6/	6 SIGNED
	22c. PHYSICIAN		110	1		22d. ADDRESS			/ /	
0.2	BINDIAL COM	ATION, 236. DATE I	FRECE	123c NAME OF	EMETERY OR	CREMATORY	23d, LOCATI	ON (City, town	or county)	(State)
23	REMOVAL (Space	ify)	-/-	1/	TT ATT	ALCOLUMNIA A				
	BURIAL	11/7/1	961	ROSE HI	كانا بابا	METERI	CLE			
24	FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS		25a. RE	C'D BY REGISTRA	R 2Sb. REGIS	TRAR'S SIGNAT	URE
1	Resgaret	R. Kowland	CLEA	R SPRING	, MD.	DATE	NOV 9 '61	Ch	Chur S. Hrs	······································

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STREET PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13131

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaasad livad, If institution: Rasidanca bafore admission)
a. COUNTY Washington MARYLAND	a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsida corporate limits, writa RURAL and give nearest town)
write RURAL and give nearest town)	
Hagerstown   1 week	() Hagers town
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Washington Co. Hospital	614 Sunset Ave.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) EDGAR HARRY BLOOM	DEATH November 17 19 61
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF 8IRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	pril 14.1885 76 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Salesman D.A.Stickell Co.	Hagerstown, Wash. Co. Md. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Bloom	Elizabeth Myers
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT He care town Me rulend
No (Ifyasgivewarordatesofservice)	B.Edna P.Bloom, 614 Sunset Ave.
18. CAUSE OF DEATH [Enter only one causa par lina for (a), (b), and (c).]	I INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	and their District
DUE TO	
Conditions, it any, which ) (b) Rheumatic	Herrt Diserse 12-12
gava risa to immadiata cause	
(a), stating the underlying cause last.	tever - inactive 284H
E CONTROL STANFORM CONTROL CONTROL TO SEATH BOTH TO	PERFORMED?
3 Elilelititorm seiz urs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO ENTRY IN THE SET OF CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO COURED OF CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO COURED OF CONTRIBUTING TO DEATH BUT NO COURT OF C	. (Enter nature of injury in Part I or Part II of item 18.)
	CF OF INITIAN (II) - 1 - 1 OOF (City - 1 and ) (County) (County)
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ory, streat, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	0 ct - , 19 50 to NOV . 17 , 19.61, that (1) (we) last
	death occured at J.A.s.M., from the causes and on the date stated above
22a. SIGNATURE	22b. DATE
Made Cilledon	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Lloy & A. HOFFINICH	- 214 N. Potomic st. 11/18/61
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial 11/19/61 Rose Hill	Cemetery Hagerstown, Maryland.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	12 and DATNOV 21 '61 Circles S. Krous
Andrew K. Coffman Hagerstown Mary	

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Silestin L. s. Stionell Sc. - Amgrictown, Wad. vo. M. atava fradatila

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Windrew I. Colling I. Harriston, Maryland, Saryland, Sarking I. Colling I. Sarking I. Sa

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICA

TE OF DEATH	13132
2. USUAL RESIDENCE (Where decessed lived, If insti	itution: Residence before edmission)
o. STATE Maryland b. COUNTY	Washington
1b c. CITY OR TOWN (If outside corporete limits, write RL	JRAL and give neerest town)
Hagerstown	
d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1905 Greenfield Rd.	YES NO X
Lest 4. DATE Month OF	Doy Year
BLOOM DEATH	20 1961
B. DATE OF BIRTH  9. AGE (In yeers IF last birthdey)	UNDER 1 YEAR   IF UNDER 24 HRS.
September 22, 1880 81 yrs.	
USTRY 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baltimore, Maryland	U.S.A.
14. MOTHER'S MAIDEN NAME	
Virginia Currell	
7. INFORMANT Address	
Mrs. Lynn L. Brown, Hagerston	wn, Md.
7	ONSET AND DEATH
pneumonia	5- days
	22
mellitus	33 years
	0
T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
ar disease Coronary arterio.	scheros yes 1 NO 1
URED. (Enter neture of injury in Pert I or Part II item 18.)	
PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
issist, y shoot, since step, ster,	
om. NOV. 23., 19.60 to NOV. 20	), 19. <sub>9</sub> ., that (I) ( <del>we)</del> last
that death occured at	d on the date stated above.
12:01	22b. DATE
M.D. PHYS. DIRECTOR PHYS.	Nov. 20 1961
22d. ADDRESS	Hazert.
UN 1500 penny. Ave	
ERY OR CREMATORY 23d. LOCATION (City, town	
Cemetery Baltimore	Maryland
25e. REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE

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M	ARYLAND STATE DE	PARTMENT OF HE		
DIVISION OF STATISTICAL R	CERTIFICATI	OF DEATH	EET, BALTIMOR	13133
1. PLACE OF DEATH 6. COUNTY Washington	em 9 Film G301	2. USUAL RESIDENCE (Wh o. SIATE Maryland	ere decessed lived, If in b, COUNT Washing	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Hagers town	c. LENGTH OF STAY IN 16		e corporete limits, write	RURAL and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF no 356 East granklin		d. STREET ADDRESS  / 356 East	Franklin	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) MARY	ELIZABETH	Lest 4. DA	ATE Month	ber 18 1961
S. SEX   6. COLOR OR RACE   7.   Female   White   w	MARRIED NEVER MARRIED   8	DATE OF BIRTH Feby 10 1893	68 67 y.	Months Deys IF UNDER 24 HRS. Hours Min.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	Own Home	Hagerstown		12. CITIZEN OF WHAT COUNTRY
Charles E. Spring	re r	No Re	cord	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) (If yesgive were or detesof servi	None Geo	rge E. Bowers Hagerstown		. Franklin St
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  LO DUE TO  Conditions, if any, which geve rise to immediate ceuse (a), steting the underlying ceuse lest.  (c)	Coronama	lerosis	on	Cristant -
PART II. OTHER SIGNIFICANT CONDITION  20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)				N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	Db. DESCRIBE HOW INJURY OCCURED			(5)
20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19	While Not While fact et work al work	ory, street, office bldg., etc.)	. (City or town)	(County) (State)
21. I certify that (I) (this hospital) saw the deceased alive on		death occured at I.A.M.	from the causes a	and on the date stated above
220. SIGNATURE Robert Many Sell 22c. Physician's NAME (Type) Pak = 2 T 1	Selwant W. DIII	22d. ADDRESS	204/	22b. DATE 81GNEI 11/29/6/
230. BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY		LOCATION (City, tow	n or county) (Stele)
REMOVAL (Specify) Burial 11/20/6		emetery H	agerstown	Wash Co Md
Andrew K. Coffman		DATE NOV 2	21 '61 a	inter S. Kraus

. + 4 . not at them? That the 15 minutes tend 50c AND DE TREATURE OF ARTHUR MITTERSTAN THAN at 4 of the motoregal earline and a large of respect Charles S Finds Mente Cacres E. Borsts Er Sen E. Fruit (a Se ob alle Car age to the Car age age of the Sport To to the Tables Address I., College Hayers work by

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Pinsinto STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

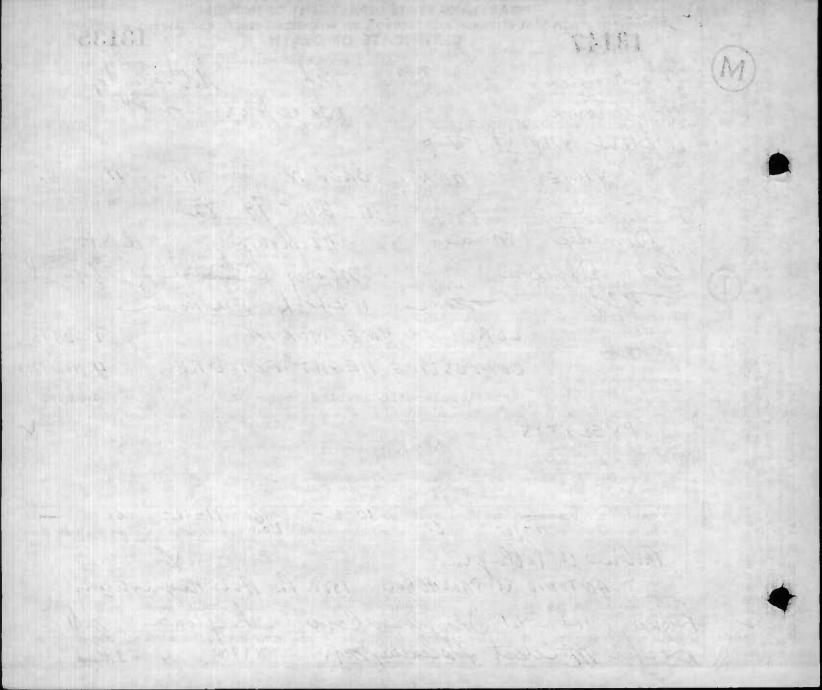
		13134
PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: R  e. STATE  b. COUNTY	
Washington MARYLAND	Maryland Was	hington
b. CITY OR TOWN (if (Laide corporate timits, write RURAL end give neeres! town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	
Hagerstown Maryland life time	Hagerstown Maryland. 03	2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
Wachington County Hoonitol	OTO W Tomother Street	ON A FARM?
Washington County Hospital 3. NAME OF First Middle	218 N Jonathan Street	YES NO
DECEASED	OF	Dey Yeer
(Type or print) Arnold Darnell	Broadus DEATH 11 28	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 last birthdey)	
Male Colored WIDOWED DIVORCED	11-19-1959 2 yrs. Months 2	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	TRY   11. BIRTHPLACE (State or foreign country)   12. CITI	ZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Hagerstown, Maryland	USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA.
Harris Baker		Na Page
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Bertrice D. Broadus.	
(Yes, no, or unknown) (Ifyes give war or deles of service)	INFORMANT Address	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	1/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  JAMMEDIATE CAUSE (6)	4 morely	ONSET AND DEATH
das	and ready	- 6 /6 40
DUE TO	1 /11/	
Conditions, if eny, which geve rise to immediate cause (b)	gens of bisself	
(e), steting the underlying DUETO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
[ <del>[</del> ]		YES ANO
208. EXTERNAL CAUSE WAS 206. DESCRISE HOW INJURY OCCURED.	Enter nature of injury in Part I or Part II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  208. EXTERNAL CAUSE WAS PRIMARY (2) CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH.	111. 11 ,	
Shill have A b Breeze	ACE OF INJURY (Home, farm, ' ROf. (City or Jown) (Coun	44
20c. TIME OF INJURY Month, Day, Yeer 203/INJURY OCCURRED 20e. PL Hour o.m. While Not While fe	ctory, street, office bldg., etc.)	(Stete)
¥ p.m. //-27 1%   el work 4	Home Hagistan Namy	The May
21. I certify that I took charge of the remains described above, h	neld an Autopsy 2, Inspection , Inquiry ,	and in my opinion
death resulted from: Natural causes , Accident , Sui	cide . Homicide . Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL STATE		DATE SIGNED
SIGNATURE A SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	/ DATE SIGNED
EXAMINER'S 7	DEPUTY MEDICAL EXAMINER 4	
NAME (Type)	Address (Street, city, lown, or county)	
220. BURIAL, CREMATION: 221 DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, lown, or country)	(Stete)
	Cemetery   Piney Grove. Mar	wa and
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR   24b. REGISTRAR'S SIG	MATURE
got Pllets on Nonestan mo	C DADEC 5 '61 Circhur 8. 12	race
I wanter 11 material 1110	DAREME	

CASTRO TRATES **新疆市场** The second of the state of the second and the secon Capture designed at any state a party of the state of the state of 1 11 1 1 200 054 THE SHOP SHIP OF IS BONE BUTTER SOME STORY the material section of Bertrice D. Brocker. Parties 11-0-1961 Here vilrous Cometon of District Grand Library Williams The state of the s

TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, & institutions Residence before edmission) MARYLAND Y OR TOWN (if outside corporate limits, ite RURAL and give rearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporate limits, write RURAL and give neerest town) þ erolowa 10200H d. STREET ADDRESS NAME OF HOSPITAL OR INSTITUTION (if not in Marital, gife street, ddress) e. IS RESIDENCE ON A FARM? YES NO 4. DATE Year DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Hours WIDOWED S 10. USUAL OCCUPATION (Give kind of work physician 12. CITIZEN OF WHAT COUNTRY? done during most/of working life even if retired) 13. FATHER'S NAME please 3000 attending Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? yespiva wer or dates of service) ian. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PREUMONIA IMMEDIATE CAUSE (e) burial-transit DUE TO 10 CONGESTIVE MEART FAILURE Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying Arteriosclerotic heart disease unknown cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY certificate 35 PERFORMED? NO use 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, ferm, Month, Day, Yeer 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Whila Not Whila Hour a.m. et work at work DIRECTOR: 21. I certify that (I) (this actual) attended the deceased from 10-6 -..... 19 (4./. that (1) (++++) last saw the deceased alive on...!! 196..., and that death occured at P.M., from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED Huchen DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 238 BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF GEMETERY OR CREMATORY 23d LOCATION (Lity, town or county) (State) REMOVAL (Specify) P d 0 SUMERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 arthur S. Krous DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Item\_



#### MARYLAND STATE DEPARTMENT OF HEALTH

RE 1, MARYLAND 13136 DI

VISION	OF	STATISTICAL	RESEARCH AN	ID RECORDS,	301	W. PRESTON	STREET,	BALTIMO
13	1	48	CER	RTIFICATE	OF	DEATH		

A		a. COUNTY	n				a, STATE		IACE (AN USE	b.	COUNTY	ioni kesidan	ice Datota a	d in ission;
	_	Washin	gton		MARY	LAND		ylan	ıd	Washi		1		
		b. CITY OR TOWN	(if outsida corporate limits nd giva naarast town)	,	c. LENGTH OF STA	AY IN 1b	c. CITY C	R TOWN	l (If outsida c	orporate limits	, writa RUR	AL and giva	nearast tow	n)
		7.7	erstown		10 Da	Lys	63 Has	gers	town	2.55				
1			PITAL OR INSTITUTION (if	not in hospi			d. STREET	ADDRES	S					SIDENCE A FARM?
		Martin	Menor Nurs	ing H	Home		320	No	Prosp	eat S	t			NOT
	3.	NAME OF	First		Middle		Last		4. DAT		Month	Day	Yaai	
		DECEASED (Type or print)	ELIZABETH		FRANCES	2 (	CARPER		OF DEA	TH NOV	embe:	r 26	19	61
	5.	SEX	14 COLOR OR DACEL	7. MARRIED	NEVER MARRI	1 0	. DATE OF BIR	TH		9. AGE (In	yaars   IF Uh			~-
		Famela	White	WIDOWED			Apr 21	187	2	lest birth	day) Mon	ths Days	Hours	Min.
- 1	10a	Female . USUAL OCCUPA	ATION (Give kind of work		ID OF BUSINESS O					or foreign co	•	. CITIZEN C	OF WHAT O	OUNTRY?
	do	na during most of v	working lifa, avan if ratirad				707.41		77-	0 .	77		TTOA	
	13.	HOYSE FATHER'S NAME	wife	(	own Home	2	WING			ed Co	val		USA	
11			387 CL											
	15		orge W. Gr		OCIAL SECURITY N	10   17	NFORMANT	nnie	Newc		ddress			
		s, no, or unkown)	(If yes giva war or dates of sai	rvice)				0 -	la a asso a				-+ 0	_
	_	No			None		arry E.					-	TERVAL BET	
		The second of th	DEATH (Entar only one of ATH WAS CAUSED BY:	cause per lin	a for (a), (b), and (	(c).)	-7 ·	rage	La roa	vn Md.	-	01	NSET AND	
25		- 75	IMMEDIATE CAUSE (a)_	Her	ndrhag	e K	nerra	Ros	pliage	ine U	1911.e	1	30 H	412
М		3 391	DUE TO		9	0								
		Conditions, if a	1-1											
	- 1	gava risa to imma (a), stating tha	DITE TO											
20		cause last. (c)												
A	Z	PART II. OTH	IER SIGNIFICANT CONDITI	IONS CONT	RIBUTING TO DEA	TH BUT NO							19. WAS A	UTOPSY
0	CERTIFICATION	17 +. hemiplegia due to gen/ enterios cheva + Cerebral anterior lever YES \ NO 14												
4	TIFIC		WAS UNDERLYING	20b. DESC	RIBE HOW INJURY	OCCURED	. (Enter natura	of injury i	in Part I or Pa	rt II of itam 18	3.)			
	E.		IG CAUSE OF DEATH FY MEDICAL EXAMINER)											
	CAL	20c. TIME OF IN	JURY Month, Day, Year	r   20d. 1N	JURY OCCURRED		CE OF INJURY			City or town)	1	(County)		(Stata)
	MEDICAL	Hour a.m		While at work	Not Whila	Taci	lory, street, offic	a blug., e	1					
33	_		that (I) (this hospital	al) attend	ed the decease	ed from	MM) (	2	1961	to. No.U	26	1961	that (I) (	we) Jast
			ased alive onXo.											
0		22a. SGNAJURI		1	,	und mai	1		,,				225	. DATE
		>0	010	1184	A 777		ATTENDI	NG	MED.	STAFF PHYS.	П		11/2	SIGNED
1		22c. PHYSICIAN	you kelle a	SILV	711	141	22d. AD	DRESS					11/2	216/
2		NAME (Typ		. Ditt	to 111, M	. D.	217	Wes	t Wash	ington	St.			
	23	BURIAL CREMA	TION, 236. DATE THERE	EOF	23c. NAME OF C		OR CREMATOR	RY		OCATION (C		county)	(S	tata)
	-50	REMOVAL (Spaci				_	n Ceme		Ha	ersto	W CEL	ach C	o Ma	
	24	FUNERAL DIRECT		OT I	ADDRESS		2 001110	25a. R	REC'D BY REG	GISTRAR 25	b. REGISTR	AR'S SIGNA	TURE	*
1	24		wK . Coffn	10 7		+ <del>-</del> -	MA		OV 2 9 '			S. Krau		
13		will or c	MIT . OOTIH	TCTIT I	Hagers	LOWD.	MICL	PALE						

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 13149 Rea. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Washington Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Brunswick, Md. Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County H spital 114 11K11 St. YES NO PA Middle 4. DATE Last Month Day Yeor Joseph Daniels Clark Nov. 19 61 DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost-birthdoy) White WIDOWED 17 10/6/83 Months Doys DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? Siler, Virginia 14. MOTHER'S MAIDEN NAME Hutzler 17. INFORMANT 16. SOCIAL SECURITY NO. MEDICAL RECORD INTERVAL BETWEEN ONSELAND DEATH Thrombosis left middle cerebral artery IMMEDIATE CAUSE (o DUE TO Cerebral arteriosclerosis Sev. yrs. DUE TO PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While

directo funeral pluods within 24 hours ofter pan physician COL remave N E 0

o. COUNTY

NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Not while of work of work 21. I certify that I attended the deceased from Nov. 4, 19 61, to Nov. 15 , and that death occurred at: 30 AMM, from the causes and on the date stated above. alive on Nov. 15 DATE SIGNED ADDRESS (Street, city or lown, state) ACTUAL 145 S. Prospect St., Hagerstown, Md. PHYSICIAN'S E. B. Moody, M.D. NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county EMPERAL DIRECTOR & SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Cirthur S. Krava

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conditionally filled in by the funeral m papers. Pages 1 and 2 should within 72 hours after death. within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed dear age 4 may be retained by the hospital or attending physician.

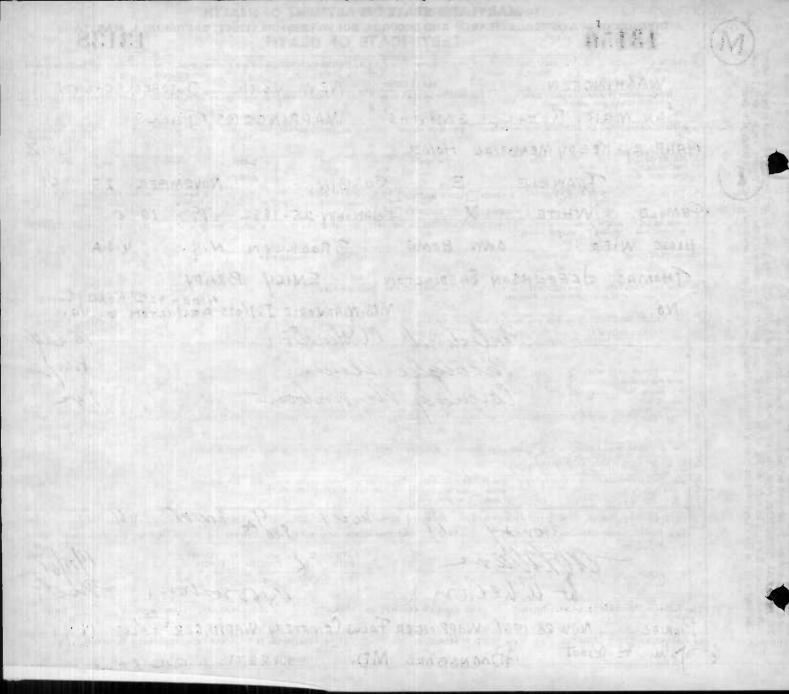
TO FUCERAL DIRECTOR: After this certificate has been signed by the attending physician and combine director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pape be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13138

/			
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased fived, If institution: Re	sidence bafora admission)
	WASHING-TON MARYLAND	o. STATE b. COUNTY	CAMPENI
	b. CITY OR TOWN (if outside corporate timits, write RURAL and give nearest town)	c. CIT OR TOWN If outside corporate limits, write RURAL and	give neerast town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
7	CHAHRNEY-KEEDY MEMORIAL HOME.		YES NO
	DECEASED (Type or print)	Last 4. DATE Month OF DEATH	Dey Year
	+RAINKIE EI	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y	25. 1961 EAR   IF UNDER 24 HRS.
	The state of the s	last birthday) Months D.	ays Hours Min.
		111040120	EN OF WHAT COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME N.Y. U	S.A.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. I	NENTLY BRADY	2
	No	SINIARYORIE I. ROSS ARLINCTON	C. VA
+	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	A. A.	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Meeting	Glidolion	10 days
	DUE TO Paralel	The	Eder
Ē	Conditions, if any, which gave rise to immediate cause	ceus	1009
	(a), stating the underlying DUE TO Correctly Microscope	esombore	140
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO FEATH BUT NO  208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
	200. ACCIDENT WAS UNDERLYING THE 200. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of item 18.)	YES NO
ij		CE OF INJURY (Home, farm, 2Df. (City or town) (Count ory, street, office bldg., etc.)	y) (State)
	21. I certify that (I) (this hospital) attended the deceased from	100 10 10 hov. 25 , 196	., that (I) (we) last
	A //	death occured at	
		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
	22c. PHYSICIAN'S NAME (Type) 6. Whela	Boonston,	med
	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY (	OR CREMATORY 23d. LOCATION (City, town or county)	(Stata)
	BURIAL NOV. 28. 1961 WAPPINGER T	ALLS (ENIETERY WAPPINGER FALLS	14. Y
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SI	GNATURE (
	1200 NSBORD IV	D. DATENOV 2 9 '61   Coulon 8 4	inna -

VR A15 (4) 1SM 7/61



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

E 4 may be retained by the hospital or attending physician.

You funkal DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after

	MARYLAND ST	ATE DEPARTMENT OF	F HEALTH N STREET, BALTIMORE 1, <i>I</i>	MARYLAND
	13151 CERT	FICATE OF DEATH		3139
		a, STATE M	b. COUNTY	ish.
1	b. CITY OR TOWN (if outside corpore le limits, write RURAL end give peerest toyn) write RURAL end give peerest toyn)  NAME OF HOSPITAL OR INSTITUTION (if not imhospitel, give street of	- Rural-	foutside corporete limits, write RURAL a	nd give neerest town)
A	202 - Smithburg, Md.	P02_5	enthours, n	ON A FARM? YES NO
5.	CATOR OF THE PROPERTY OF THE P	CORDELL	OF DEATH NOV	3 1961
	WIDOWED DIVO	RCED   3/30 /1898	( dest birthdey) Months	Days Hours Min.
do		ST. Tho	mas, Pa.	U.S.A.
	Franc Cordell WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURIT	M. Eliza	ibeth Holsto	ey RPZ
	(lfyes give wer or dates of service)  18. CAUSE OF DEATH [Enter only one cause peg line for (a), (b), are	Ams. Hazel	# Cordell	Smith bever
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Le arcin	1.01		3 wk
	Conditions, if any, which geva rise to immediate cause	omia of p	ancreas	10 anos
~	(e), stelling the underlying DUE TO Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	oma fof 2	Para 20 NAL DISEASE CONDITION GIVEN IN PA	3 Muss
CERTIFICATION				PERFORMED? YES NO .
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURED. (Enlar heture of injury in		
MEDICAL	20c. TIME OF INJURY Month, Day, Year Abullet Strategy Color	ED   2De. PLACE OF INJURY (Home, fern factory, street, office bldg., etc	n, 2Df. (City or town) (C	ounty) (State)
	21. I certify that (I) (this hospital) attended the dece saw the deceased alive on 1	ased from May D, , and may death occured at.	11000	
	22e. SIGNATURE  G. G. K OWLOW	M.D	MED. STAFF PHYS.	4/4/2 DATE SIGNED
	22c. PHYSICIATY'S NAME (Type) A. KOHLEI	e Smi	that und	nty) (State)
	REMOVE (Specify) 236. DATE THEREOF 23c. NAME O	t Hill Cen.	Cosey Four,	Pa!
24	ELENERAL DIRECTOR'S SIGNATURE Dreen ast	20, Pa, DAJEON	4.7.104	S SIGNATURE

. . . 1 WOTOWELLEROY The state of the s PARE Son LAP SORT MAN WINE The South Dunk Brief TO THE STEEL STEEL STORE EKAHAIKAD EKAME 3/20/1897 63 Farming Action of the theory A PARTICULAR OF THE RESIDENT AND THE PARTICULAR OF THE PARTICULAR A David With a Tist the Taxon work and the state of t The second strains and the formation of the second second second second The second of the second of the The state of the s TO ALLOW SOME THOUSE IN STANKED I Mingles General and Com Consider in free C.E. Tyring 4- Deen and F. - Marie of Line of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 36 4 may be retained by the hospital or attending physician.

TO FUNCRAL DIRECTOR: After this certificate has been signed by the attending physician and compactly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. within 24 hours after

15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

19 VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
13140 13140

	TOLLO
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
Washington MARYLAND	a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
write RURAL and give neerest town)	3313 Hagerstown Road
Hagerstown 4 hrs, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	ON A FARM?
Washington Co. Hospital	130 Clearview Road YES NO K
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer
(Type or print) FONROSE WISNER COSEY	DEATH November 6 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Park	April 19,1901 60 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Salesman  13. FATHER'S NAME	Hagerstown, Wash. Co. Md. USA.
	14. MOTHER'S MAIDEN NAME
Daniel Cosey	Catherine Fox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (Ifyesgive wer or dates of service)	Mrs. Virginia K. Cosey, 130 Clearview
No 215-09-7296 A	Mrs. Virginia K. Cosev. 130 Clearview
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Trobable acute ve	unicular fibrillation with Duranton
1/201	Justantante
	Trest
Conditions, if eny, which geve rise to immediate ceuse	infact Nov 1960) gran
(a), stating the underlying DUE TO	infacely Nov 1969)
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO I
TO ACCIDENT WAS UNDERLYING TO 1 20h DESCRIPE HOW INTURY OCCUPE	D. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH  U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour e.m. WhileNot While fac	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	2-15-, 19-52 to 11-6, 1961, that (1) (we) last
saw the deceased alive on 11 - 6 19 61, and tha	t death occured at
22a, SIGNATURE	22b. DATE
John It Hombaker	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DI:7:61
22c. PHYSICIAN'S	22d. ADDRESS 154 W. Washington St.
NAME (Type) John H. Hornbaker, M.D.	
	Hagerstown, Md. OR CREMATORY   23d, LOCATION (City, town or sounty) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	Virginia.
Burial   11/9/61   Edge Hill	Cemetery Charlestown Jefferson Co.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Andrew K. Coffman, Hagerstown, Mar	vland DATE NOV 10 '61 Without S. Knows

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. P. . TERRITORIES . P.

Andrew E. Collins, Sugarators, Larying

15M 9/60

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13141

1. PLACE OF DEATH 6. COUNTY Washington MARYLAND	e. STATE  Maryland
b. CITY OR TOWN (if outside corporate limits, Hagers town)  c. LENGTH OF STAY IN 1b  16 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)  Thurmont rural
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  Western Maryland State Hospital	d. STREET ADDRESS RD 1 6. IS RESIDENCE ON A FARM? YES NO.
	ORYHOFF DEATH NOV 10 1961
Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. WIDOWED   DIVORCED   1. WIDOWED   1. WIDOWED   DIVORCED   1. WIDOWED   1. WIDOWED   DIVORCED   DIVO	Aug. 28, 1915  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Seamstress  Fred. Tailori	
13. FATHER'S NAME  James Few	14. MOTHER'S MAIDEN NAME  Mettie B. Shelton
15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1	Eugene A. Dayhoff Thurmont, Md. RD
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e) CARCINOMA OF  DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stating the underlying ceuse lest.	CERVIX RECURRENT INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO LEFT MYDRONEPHROSIS  20e. ACCIDENT WAS UNDERLYING  20r. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 1. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While Not While facts work 19 et work at work 21. I certify that (I) (this hearth) attended the deceased from 1.	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)  O-25- 1961, to 11-10 , 1961, that (I) (as death occurred at 236M, from the causes and on the date stated above
Hutorio U. Cella yron M	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S NAME (Type) ANTONIO U. PALLAGROS	1 1500 Pa Ave Hazertown Hd.
23e. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 23c. NAME OF CEMETERY Church of B	Brethern Cem, Rocky Ridge, Md.
aymond Cragn Thurmon	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  1t, Md. DATROV 1 4 '61 arthur 8. Kraus

INICA On Military and a noineber: L On Partyan State brained areasal ANG. 28, 1915 46 Modified P. Shallon 215-11-1017 Rugens A. Davnorff Thursons, Mr. El L o Burtal 11-11-61 Church of Preferr Cen, ander 1dee, Mt. Commenced Commen

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13142

_						
	PLACE OF DEATH  • COUNTY WASHINGTON	a. STATE MARYLAND b. COUNTY WASHINGTON				
-	b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	WHIACURA POSITION (POSITION TOWN) 17 YRS.	X RURAL HAGERSTOWN				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE				
	MARTIN MANOR REST HOME	RT.#1 CLEARSPRING YES NO NA FARM?				
3.	NAME OF DECEASED (Type or print) ELLICE THROCKMORTON	DeFOREST DEATH NOVEMBER 3 1961				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.				
	FEMALE   WHITE   WIDOWED   DIVORCED	5/16/1884   last birthday)   Months   Days   Hours   Min.				
	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retirad)	77 m 70 71 m 2 7 m .				
13.	FATHER'S NAME HOME	VIRGINIA U.S.A.  14. MOTHER'S MAIDEN NAME				
	MASON THROCKMORTON	ANNIE HUMPHREY				
15.	WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1 17. I					
(Ya	s, no, or unkown) (Ifyasgivewarordatasofservice) NONE MR	S. ELLICE ENYART NEBRASKA				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: Ventricular Fibri	llation 5 minut				
	Conditions, if any, which gave rise to immadiata cause (a), stating the undarlying cause last.  DUE TO  Arteriosclerotic  (b)  DUE TO  (c)	Heart Disease unknown				
NO O		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
S	None	YES NO X				
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of item 18.)				
MEDICAL	Hour a.m. While Not Whila fack	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)				
		July 19, 19 61 to Nov. 03, 19 61 that (I) (we) last death occurred at 7:30 PM the causes and on the date stated above.				
	22a. SIGNATURA ROBERT Steen M.	ATTENDING MED. STAFF SIGNED, D. PHYS. X DIRECTOR PHYS. 11/04				
	22c. PHYSICIAN'S NAME (Type)Archie Robert Cohen, M.D.	Clear Spring, Maryland				
23	REMOVAL (Specify)  BURTAL 11/6/67  REMOVAL (Specify)  11/6/67  NATIONAL ME	EATTS CHIPGE				
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
1	V.J. Winesel Hageslown M	DATE NOV 8 '61 arthur 2. Kinse				

CHALLES JEINER MAN Arternacierode Heave Discrete Jaly 19 , on May 02, a black Ascella Roburt Comen, M.D.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13143

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare decaesad livad, If Institution: Residence before edmission)
a. COUNTY Washington MARYLAND	•. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown Life	03 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS   e. IS RESIDENCE
Washington County Hospital	58 Randolph Ave.   ON A FARM? YES □ NO [X]
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Eliza Pearl	Dieterich DEATH November 27, 19 61
	. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Jemale White WIDOWED DIVORCED	September 14, 1896 65 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home.	Williamsport, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Cottrill	Molly Shank
IVan an an internal title or street at the s	NFORMANT Address
No 214-09-2630 Mrs	Um. U. Dieterich 58 Randolph Ave. Hagerstown, Md.
18. CAUSE OF DEATH [Entar only ona cause per lina for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ine of Colon polypark ONSET AND DEATH
IMMEDIATE CAUSE (a) Adamoraning	and of control of
103'8 DUE TO LACTA CO	religed melister 3 march +
Conditions, if any, which (b)	ray of received strains
gava rise to immadiata cause (a), steting the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OIL CONTRACTOR OF THE CONTRACT	PERFORMED? YES NO
	. (Enter nature of injury in Part I or Part II of itam 18.)
OR CONTRIBUTING CAUSE OF DEATH	, tamer nature of migary and all to them it of many sort
to at	CE OF INJURY (Homa, farm, ' 2Df. (City or town) (County) (Stata) ory, streat, office bldg., etc.)
Hour a.m.  P.m.  19  Whila Not Whila st work at work at work	, , , , , , , , , , , , , , , , , , , ,
	14, 26 19 48 to May 27, 1961, that (1) (we) last
	death occurred from the causes and on the date stated above.
22e. SIGNATURE O O A/ A	ATTENDING MED. STAFF 22b. DATE
2 20 alle De	.D. PHYS. DIRECTOR PHYS. 1//27/61
22e, PHYSICIAN'S NAME (Type) 0 0 0 1 44 5	22d. ADDRESS
L.L. Packer M.D.	145 W. Washington St. Hagerstown, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
REMOVAL Specify 11/30/61 Rest Haven	Cemetery Hagerstown Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Rest Haven Funeral Chapel Hagerstown	1. Md. DATE NOV 29 01
When a storot	

4, 37. 3 A STATE OF THE STA Total Strike Cover THE SOLD OF THE PROPERTY AND ASSETS ASSETT ASSETT ASSETS ASSETT ASSETS ASSETT ASSETS ASSETT ASSETS ASSETT ASSETT ASSETS ASSETT A Tenthol Syring 1967 - 187 Converted to the company of the converted to Established the same of the party of the Spiles The state of the s All the second to the second of the second o See the manufacture of the second, it. I may be not been assured to the second of the

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13156

CERTIFICATE OF DEATH 12144

-1	20200	10144
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
1	WasHINGTON MARYLAND	* STATE Maryland b. COUNTY Washington
ľ	b. CITY OR TOWN (if outside corporate limits, write RURAL end give berest town)	(RTORAGE OWN (If outside corporete limits, write RURAL end give neerest town)
ı	Williamsport 6 month	HORRSTAWN R#3
I	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS O. IS RESIDENCE
	WILLIAM SPART SANITARIUM	Rural Hagerstown RFD #3 VES K NO 1
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
I	(Type or print) FI ISHA A JUNA NUC DI	RSEY DEATH NOV 23 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	B. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	MALEWHITE WIDOWED IN DIVORCED IN	2-4- 1895 Last birthdey) Hours Min.
1	1De. USUAL OCCUPATION (Give kind of work   1Db, KIND OF BUSINESS OR INDUSTR	
1	done during most of working life, even if retired) Ret d Farm Owner Farm	Dannevilla MAD 215A
1	13. FATHER'S NAME	1 MOTHER'S MAIDEN NAME
ı	EDULARD P. DIAGRA	SARAU : DANAIR D
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
1	(Yes, no, or unkown) (Ifyesgive weror detes of service)	
	No none Car	rl Dorsey 2204 Gay St. Hagerstown Md.
1	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1	IMMEDIATE CAUSE (e)	(Cerebral Hemorry) Lay
	33 DUE TO 150	
	Conditions, if eny, which (b) Hilliams	2020
Ì	geve rise to immediate cause (a), steting the underlying DUE TO	
	ceuse lest. (c)	
1	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	Frevious Stu	YES NO
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PURE TO STATE OF CONTRIBUTING TO DEATH BUT NO STATE OF CONTRIBUTING TO COURSE OF CONTRIBUTING TO COURSE OF CONTRIBUTING TO COURSE OF CONTRIBUTING TO COURSE OF CONTRIBUTING TO DEATH BUT NO COURSE TO CONTRIBUTING TO COURSE TO CONTRIBUTING TO COURSE TO C	D. (Enter neture of injury in Pert I or Pert II of item 18.)
1	U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	6.0	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
	Hour a.m. While Not While et work work	iory, sreet, ornes play, etc.)
9	21. 1 certify that (I) (this hospital) attended the deceased from.	8/3 4
J		death occured at
	22e. SIGNATURE	22b. DATE
	NOTINIA . D. +	A.D. PHYS. DIRECTOR PHYS. 1 23-6
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) M. F. Burkit	Williamsport 198
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (Sity, town or county) (State)
	Burial Nov. 26-61 Manor Cemet	tery Near Tinghmanton Md.
	24 FUNERALDURECTOR'S SIGNATORIEMOS MERSONSON SON	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
		DATNOV 2 7 '61 arthur S. Frans
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MAK	YLAND STATE DEPARTMENT OF M	EALIN
DIVISION OF STATISTICAL RESE	ARCH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
13137	CERTIFICATE OF DEATH	19445

			The Control of the Co		1
1. PLACE OF DEATH a. COUNTY			CE (Where deceesad live		nce before edmission)
Washingto	marylai	o. STATE Mary	land	COUNTY Washir	acton
b. CITY OR TOWN (if outside corpore	te limits,   c. LENGTH OF STAY IN		If outside corporete limits	, write RURAL and give	neerest town)
Hagers town	l week	X C+ T	TF4 3 7		
d. NAME OF HOSPITAL OR INSTITUT	ION (if not in hospital, give street address)	St. Jam	es Village	3	. IS RESIDENCE
					ON A FARM?
ashington Count		Sharpsb	urg Pike		YES NO
NAME OF DECEASED	First Middle	Last	OF	Month Dey	Yeer
(Type or print) Fra		Earnshaw	DEATH N	lov. 1	1 19 61
6. COLOR OR	RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In last birth	years IF UNDER 1 YEAR	
Male White	WIDOWED DIVORCED	Aug. 10 188	A 179 7 .	yrs. Months Days	Hours Min.
De. USUAL OCCUPATION (Give kind o	f work   10b. KIND OF BUSINESS OR INC			untry)   12. CITIZEN (	OF WHAT COUNTRY
Ret'd U.S.Gov. (	TO DEDUCE OI	Mon	vland	TI :	S.A
3. FATHER'S NAME	Herk Agriculture	14. MOTHER'S MAIDEN	0	0.1	J • .rs.
Johnn Francis	Earnshaw	Resetta	Glover		
5. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown)   (Ifyesgive warorde		17. INFORMANT	A	St. James	Village
No	215 36 6871	Mrs. Margare	t L. Earn	shaw Shar	nshuraPi
18. CAUSE OF DEATH [Enter on	ly one couse per line for (e), (b), end (c).]		k	I IN	IEKAWT BELMEEM
PART I. DEATH WAS CAUSED IMMEDIATE CAU		1891 1 H.P. 31	pertim	A PR	NSET AND DEATH
11301		Latte Hill	131-0110	μ.	the oft
	JE TO				
Conditions, if any, which	(b)				
	UE TO				
ceuse last.	(c)				
PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
					YES NO
PART II. OTHER SIGNIFICANT C  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAM	20b. DESCRIBE HOW INJURY OCC	CURED. (Enter nature of injury in	Pert I or Part II of item 18	.)	
OR CONTRIBUTING CAUSE OF DI	EATH				
		. PLACE OF INJURY (Home, fern	m, ' 20f. (City or town)	(County)	(Stete)
20c. TIME OF INJURY Month, Da	WhileNot While	factory, street, office bldg., etc		1	(0.0.0)
p.m.	19 et work at work	11//	1 11	1/1	
21. I certify that (I) (this I	nospital aftended the deceased fi	rom	19 to		that (I) (we) las
saw the deceased alive on	10/11/0/19 and	that death occured	M, from the car	ses and on the d	late, stated above
22a. SIGNATURE	19		1		22b DATE
1211	48121110	M.D. PHYS.	MED. STAFF	n //	1/3 / SIGNE
22c. PHYSICIAN'S	our g	22d. ADDRESS		- 11/	10/
NAME (Type)	1				
	the last the second	TERV OR CREAT TORY	Last Tocation (C	the Annua or county	/Ctata)
REMOVAL (Specify) 23b. DAT			23d. LOCATION (Ci	***	(Stata)
Burial Nov	• 44-61 Methodist			7	yland
24 FUNERAL DIRECTOR'S SIGNATURE	1 SIN MADDRESS	+ m ( 250. REC		. REGISTRAR'S SIGNA	
albert I Lent	Williamspe	CATAD PATHO	V 1 4 '61	arthur S. Kine	LA .

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Aug. 10 1887 74 40 3 1 1

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t hn Frencis Protester ST. Chaes Village

215 36 6871 kms. margaret i. marganam Smarnabur

He Myacacaia Litteration Immediate

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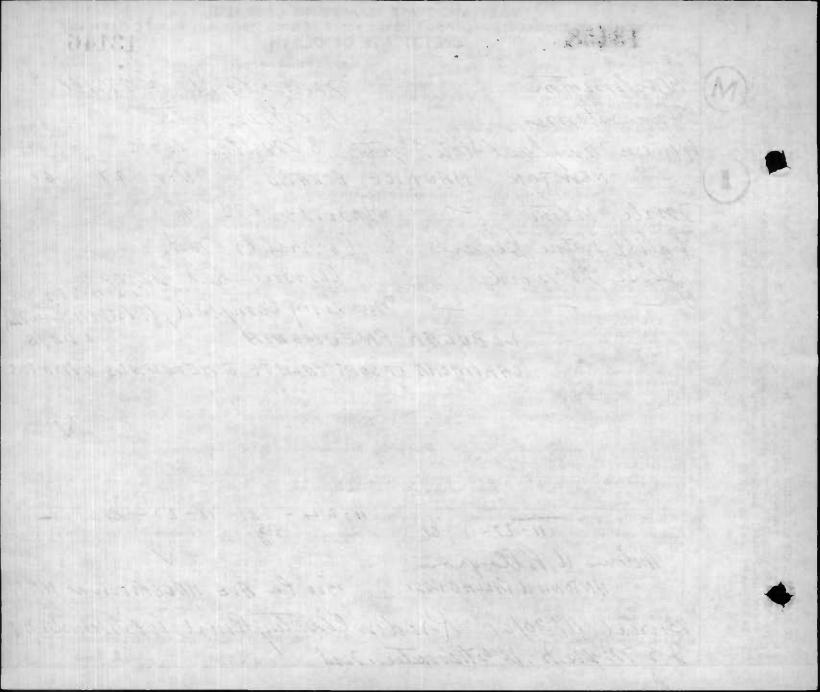
# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Solution of the death, the destriction of the death of the deat

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13146

1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)  a. COUNTY
1	MARYLAND BASTATE & COUNTY CONTY
1	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	write RURAL and give pearast town)
11	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
1	Nestern many front State State I Smithe ave YES NO E
3	NAME OF First Middla Last 4. DATE Month Day Year DECEASED
	(Type or print) NEW TON MAURICE ECKARD DEATH NOV 27 1961
13	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	male While Widowed Divorced \ lan, 13/8/2 8gra.
	De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Tablild lotar house Carroll ma
1	FAMER'S MAIDEN NAME
	Vine Sah 1 Danie Sta men
1	5 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
1	(fge, no, or unkown) (If yesgiva war or dates of sarvice)
Ĭ	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]
	ONSET AND DEATH
	IMMEDIATE CAUSE (a) LOBULAR PNEUMONIA 2 DAYS
	144 X DUE TO
	Conditions, if any, which \ (b) CARCINOMA OF SOFT PALATE & METASTASIS 4 MONTHS
	gave risa to immediata causa  DUE TO
	(a), stating the underlying cause last.
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
15	PERFORMED? YES IV NO
FICA	20a, ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.)
CERTIFICATION	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
AED	Hour a.m.  While Not While factory, straet, office bidg., atc.)  p.m. 19 at work at work
1	21. I certify that (I) (this hospital) attended the deceased from 11-2 4 - 1964, to 11-27-, 1964, that (I) (was) last
	saw the deceased alive on
	22a. SIGNATURE  WE WIND LIE OF BLOG OF STAFF  M.D. ATTENDING MED. STAFF  SIGNED  ATTENDING DIRECTOR PHYS.
	22c. PHYSICIAN'S 22d. ADDRESS /
	NAME (TYPE) ANTONIOU PALLAC BOSI 1500 Pa AVE HALE ASTONN Hd.
=	38. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) 11/20/11 Product Provide Record Provide No. 1
-	ADDRESS 258, RECO BY REGISTRAR 255, REGISTRAR'S SIGNATURE
2	4 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE DATE NOV 3 0 '61 Quilled & Krana



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13159

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Hedgesvil314 Berkele

1. PLACE OF DEATH XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE West Va b. Countries Berkeley
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  Hancock	c. CITY OR TOWN (If, outside corporate limits, write RURAL and give nearest town) Hedgesville W Va 85%-3
d. NAME OF HOSPITAL (If not in hospital, give treet oddess) OR INSTITUTION Nursing Home Hancock Md Main St	d. STREET ADDRESS  Route # 1  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Sarah E Eichelberger	Last  4. DATE Month Day Year OF DEATH 11 23 61 19
S. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED    WIDOWED DIVORCED	B. DATE OF BIRTH  1878  2 7  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House wife	Hedgesville W Va U S a
Richard Wood Berkeley Co	14. MOTHER'S MAIDEN NAME Tene Shriver Berkeley Co
(Tes, no, or unknown)   (It yes, give wor or dates of service)	layton M Canby Hedgesville W V
gave rise to immediate cause (a), stating the under-lying cause last.	THOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)  LACE OF INJURY (Home, form,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to PL Haur a. m. 19 of work of work of work to the p. m.	octory, street office bldg., etc.)
220. SIGNATURE	death accurred atM, from the causes and an the date stated abave.  M.D. PHYS
Burial 11-25-1961 Tomahawk C	OR CREMATORY 23d. LOCATION (City, town, or county) (State)  Hedgesville Rt. # 2, W. V. 25a. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DAIOV 2 7 '61 Carthur S. Kraus

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VR A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

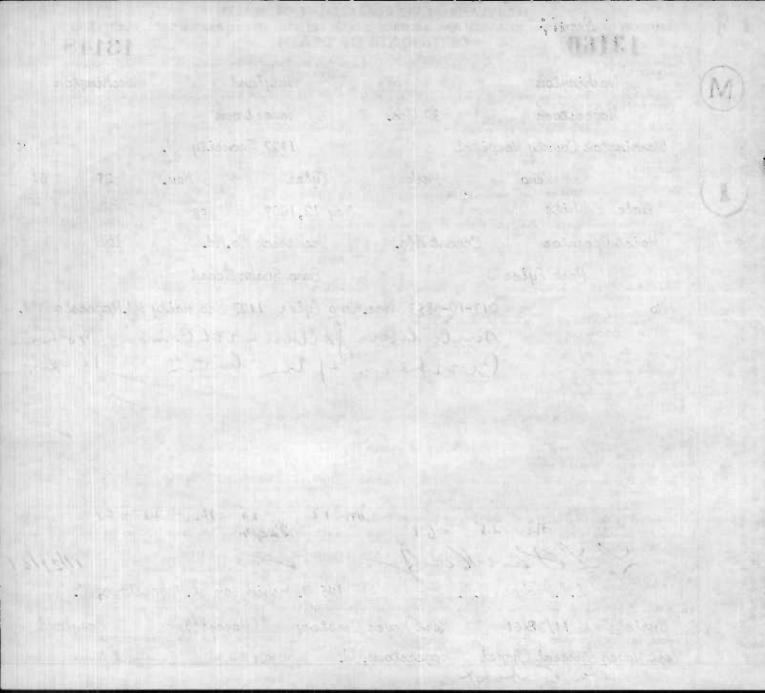
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13160

CERTIFICATE OF DEATH

13148

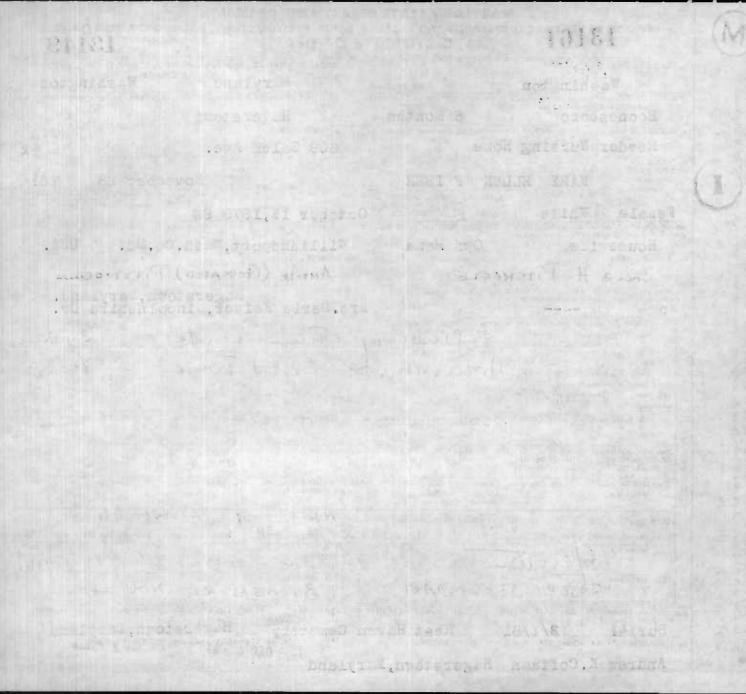
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)						
1	o. COUNTY Washington MARYLAND	B. STATE Maryland b. COUNTY Washington						
J	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)						
4	write RURAL and giva neerast town)							
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS							
	Washington County Hospital	d. STREET ADDRESS  1127 Security Rd.  1127 Security Rd.  128 NO X						
ľ	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
1	(Type or print) Reno Park	Eyler DEATH Nov. 25 1961						
A	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH  9. AGE (In yaers   IF UNDER 1 YEAR   IF UNDER 24 HRS.						
	Male   White   WIDOWED   DIVORCED	May 12,1903 last birthday) Months Days Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
П	Hoist Operator Cement Mfg.	Grederick Co.Md. USA						
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Park Eyler	Emma Susan Beard						
Я	(Yas, no, or unkown)   (Ifyas giva war or dates of sarvica)	NFORMANT Address						
	No 213-10-6853 Mrs.	Reno Eyler 1127 Sec urity Rd. Hagerstown Nd.						
	18. CAUSE OF DEATH [Enter only on a causa per lina for (a), (b), and (c).)	O SO INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Authorized	failur with Coma YShan						
	Conditions, if any, which (b) Whosein of the live with							
-1	gava rise to immediata cause  DUE TO							
	(a), stating the underlying cause last. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	ATIO	YES NO O						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  PERFORMED?  YES PROPERTOR  YES PROPERTOR							
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	ZDc. TIME OF INJURY Month, Day, Yaer   2Dd. INJURY OCCURRED   2De. PLA	CE OF INJURY (Homa, farm,   20f. (City or town) (County) (Stata)						
	nour a.m.	ory, street, office bldg., atc.)						
		12 1953, to May 25, 19 6 (that (1) (we) last						
	21. I certify that (I) (this hospital) attended the deceased from	death occured a way from the causes and on the date stated above.						
	saw the deceased alive on 19.6.1, and that	22b. DATE						
	440 11 -	ATTENDING MED STAFF PHYS. DIRECTOR PHYS.						
	22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS						
	NAME (Type) L.L. Packer M.D.	145 W. Washington St. Nagerstown, Md.						
	23e. 8URIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY							
	REMOVAL (Spacify) Burial 11/28/61 Rest Haven	44 4 1						
3	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
1	Rest Haven Juneral Chapel Hagerstown	Mds DATE NOV 2 9 '61 arthur S. Krous						
,	We a Horst	Not be a second of the second						
	2 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							



# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. S death. Yet a may be retained by the hospital or attending physician. Yet a may be retained by the hospital or attending physician. Yet a may be retained by the hospital or attending physician and complement in the funeral or the complement of the property of the property

MA	ARYLAND STATE DEPARTMENT OF HEALT	Н
DIVISION OF STATISTICAL RE	SEARCH AND RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DEATH	BALTIMORE 1, MARYLAND 13149

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)				
COUNTY     Washington MARYLAND	* STATE Maryland b. COUNTY Washington				
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)				
write RURAL and give nearest town) Boonesboro  8 Months	12 He garatem				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Hagerstown  d. STREET ADDRESS  1 o. IS RESIDENCE				
Reeder Nursing Home	609 Salem Ave.				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
(Type or print) MARY ELLEN FEISER	OF November 28 1961				
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.				
TP 2 - W1 1	october 15,1879   lest birthdey)   Months   Days   Hours   Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Housewife Own Home	Williamsport, Wash. Co. Md. USA.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
SACOB H. LITSNOGLE	ANNIE (GOSSARD) PITS NOGLE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT Hagers fown Maryland.				
No	Hagerstown, Maryland. rs. Merle Feiser, Lincolnshire Dr.				
18. CAUSE OF DEATH (Enter only one cause por line for (a), (b), and (c).]	I INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulluo Lury	eteur ocute Set and death				
11204)					
Conditions, if any, which ) (b) Arturally of	c heart Tirene Years				
gave rise to immedieta causa					
(e), stating the underlying DUE TO					
cause last. (c)	TOTAL TO THE TOTAL PROPERTY OF THE PROPERTY OF				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19. WAS AUTOPSY PERFORMED?  YES   NO   12-				
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert I or Part II of item 18.)				
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (County) (Stete)				
p.m. 19 at work at work					
21. I certify that (I) (this hospital) attended the deceased from	1961, to NOV 26 , 1961, that (1) (we) last				
saw the deceased alive on 11-28 - 1961, and that	death occured at 3.PM., from the causes and on the date stated above.				
22a. SIGNATURE	22b. DATE				
A decement	D. ATTENDING MED. STAFF WHYS.   1-28.1961				
22c. PHYSICIAN'S	22d. ADDRESS				
NAME (TYPE) TO SEPH SECONDARI	BOONSBORD HOL -				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (Stete)				
Burial 12/1/61 Rest Haven	Cemetery Hagerstown, Maryland/				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE				
Andrew K. Coffman Hagerstown, Man	'vland 'van				



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13162 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before admission) a. COUNTY b. COUNTY by the and 2 death. WASHINGTON MAIZULAND WASHINGTOWY

c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) MARYLAND by th b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) HACERSTOWN 24HOURS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) HOSPITAL 4. DATE DECEASED OF (Type or print) DEATH within NOVEMBEIL -9. AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days NEVER MARRIED WIDOWED DIVORCED TEMALE WHITE

10a. USUAL OCCUPATION (Give kind of work yrs. physician 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) done during most of working life, even if retired) ERSID NAME HOUSE NAME HOME 2 attending JORDAN SHO HOE MAKE 12 0 (Yes, no, or unkown) | (If yes give wer or detes of service) BITITZGERALD KEEDYSVILLE MD. R.I attending physician. as been signed by the NONE permit. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-transit DUE TO has been gave rise to immediate cause DUE TO (e), steting the underlying causa last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY CERTIFICATION as use 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH may be retained by the DIRECTOR: After this 20e, PLACE OF INJURY (Home, ferm. 20c. TIME OF INJURY 204 INJURY OCCURRED 20f. (City or town) Month, Day, Yeer fectory, street, office bldg., etc.) Not While While at work at work to 11 - 5 , 19 61, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 10-12- 1951 plnods 5- 19 51, and that death occurred at P.M. from the causes and on the date stated above. saw the deceased alive on....... 220 SIGNATURE ATTENDING PHYS. DIRECTOR T 22d. ADDRESS 22c. PHYSICIAN'S SECONDARI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) OH MTICARMEL CEMETERY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) OON SBORD DATE NOV 8

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12. CITIZEN OF WHAT COUNTRY?

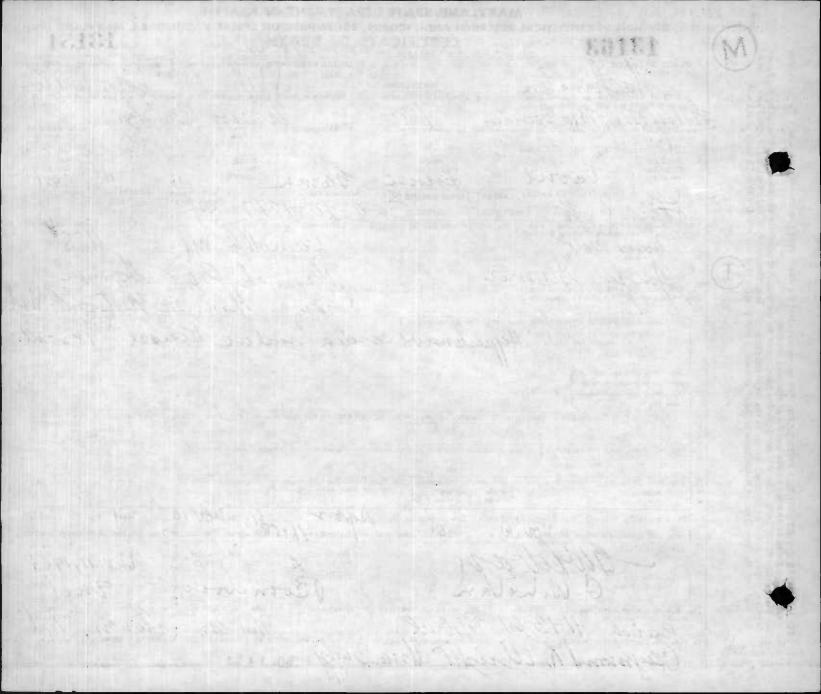
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STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH Items 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY a. STATE 4 7 te MARYLAND and CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town); c. CITY OR TOWN (It gutsida corporate timits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 Pages NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) aft a. IS RESIDENCE ON A FARM? YES NO Memorial Keedy papers. 3. NAME OF 4. DATE Month Day Year DECEASED OF сопри (Type or print) DEATH within AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED and last birt (day) Months Days Hours event, WIDOWED physician 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Home Wo please 13. FATHER'S NAME 14. MOTHER'S 2 attending Then ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (If yes give war or dates of service) has been signed by the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [7] he OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: p.m to 100 /0 , 196 , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased 22b. DATE 22e. SIGNATURE ATTENDING PHYS. M.D. 22d. ADDRE 22c. PHYSICIAN'S NAME (Type) CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b REMOVAL (Specify) 25a. REC'D BY 24 FUNEBAL VR A15 (4)

hours afte

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WAAAAWamamork Hagerstown e. IS RESIDENCE ON A FARM? Nursing YES Y NO DATE Year OF DEATH MOVEMber 1961 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours 82 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) USA Boonsboro Wash Co Md. Address Catherine Green 325 No Cleveland Ave INTERVAL BETWEEN Hagerstown ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO P 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) 20f. (City or town) (County) (State) (A.), 19....., that (I) (we) last from the causes and on the date stated above. 22b. DATE STAFF SIGNED DIRECTOR PHYS. Williamsport, Wash. Co. Meryland 23d. LOCATION (City, town or county) Boonsboro Wash Co Md 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE DEC 4 '61 Andrew K. Coffman Hagerstown Md. arthur & Kraus

VR A15 (4) 15M 9/60

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TO HOUSE A MAY STEEN ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after a death age 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after defail.

	MARYLAND STATE DEPARTMENT OF HEALTH									
		FSTATISTICAL	RESEARC	CERTIFIC	RDS, 3	OF DEATH	N STREET, BAL' 	TIMORE 1	, MARYL	AND
_		Ite	m 9 F	11m G301	11/	24/61 iwl			101	00
	PLACE OF DEATH						NCE (Where deceesed		tution: Residen	ce before admission)
	Washing	ton		MARYL	AND	a. STATE	and Was	b. COUNTY		
	b. CITY OR TOWN (	f outside corporete limit	s.	c. LENGTH OF STAY		CUIY OF TOWN	nd Was	III III	RAI and give	neerest town)
	write RURAL end	give neerest town)				0.3	(II caising corporate i	mins, with Ko	NAL GIIG GIVE	noorosi to wii,
	Hager	stown		4 Yr		Hag	erstown			
	d. NAME OF HOSPIT	TAL OR INSTITUTION (	f not In hospit	al, give street addre	ss)	d. STREET ADDRES	SS			a. IS RESIDENCE ON A FARM?
	Garlock :	Nursing H	ome			1023	View St			YES NO X
	NAME OF	First		Middle		Last	4. DATE	Month	Dey	Year
	DECEASED (Type or print)	TACT	1	AT MAK TA	CDI	רד ז א זארוגראיי	OF DEATHN 0 =		40 30	22.10
ξ.	SEX	JACK		NMN)		DATE OF BIRTH	DEATHNOT	(in years   If		96119 IF UNDER 24 HRS.
٠.	JEA	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ °.	DATE OF BIRTH	lest	birthdey) M	onths Deys	Hours Min.
	Male	White	WIDOWED	DIVORCED		ov 21 189	8 62/63	yrs.		
		ON (Give kind of work		OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreig	country)	12. CITIZEN C	F WHAT COUNTRY?
			9.0	Acanar					Co	USA
13.	Jwner-Op	erator	News	Agency	1	McKeesp	ort Allag	arrey	Co	ODA
	David (	Breenwald					Friedman	1		
15.		ER IN U.S. ARMED FOR	CES?   16. SC	OCIAL SECURITY NO	17. 17	VFORMANT	-1100000	Address		
(Ye	Yes	yesgive wer ordates of se		3-28-517		elvin Gre	angeld Ol		1 d mar T	2003
-	10 CHIEFOFD	EATH [Enter only one	/ / 3							TERVAL BETWEEN
		WAS CAUSED BY:	ceuse per line	for (e), (b), and (c)	•1	nager	stown Md.		10	ISET AND DEATH
	FAKI I. DEAII	IMMEDIATE CAUSE (a)	Cer	ep 151	Th	rombos	14			4 hrs.
	260 X	DUE TO				A		. 1	757	8
	Conditions, if eny	, which ) (b)	Art	eriosel	cro1	11 - 8 -	nereliz	. 2		146 .
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	(e), steting the un	nderlying DUE TO	4 "	1		M . 11:4			.2	1 2001
_	couse lest.	) (c)_	013	bett		4 511100	1			
O	PART II, OTHER	SIGNIFICANT CONDI	IONS CONTI	RIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN	IN PART 1(e) 1	9. WAS AUTOPSY PERFORMED?
CAT										YES NO
TIFIC	20e. ACCIDENT W	AS UNDERLYING	20b. DESCR	IBE HOW INJURY O	CCURED.	(Enter natura of injury	In Part I or Pert II of ite	m 18.)		
CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH								
AL	20c. TIME OF INJU	RY Month, Dey, Yee	r   20d IN	JURY OCCURRED   :	20m PLAC	E OF INJURY (Home, fo	erm, 20f. (City or to	wn)	(County)	(State)
MEDICAL	Hour e.m.	K. Monin, Boy, 100	While	Not While		ry, street, offica bldg., a		,	(400)	(5.0.0)
WE	p.m.	19	at work	at work			1			
	21. I certify th	hat (I) (this hospil	al) atlende	d the deceased	from	Feb	, 1953, to H.C	14.19	, 196.1., 1	hat (I) (we) last
	saw the deceas	ed alive on	V. 19	19 .6.1., ar	nd that	death occured at	3:3c.M; from the	causes and	on the da	ate stated above.
	220. SIGNATURE			1						, 22b. DATE
	14/	10.1	1 1/1	2	M.I	ATTENDING PHYS.	MED. ST.	AFF YS.	1	1/20/6 SIGNED
	22c. PHYSICIAMIS		foll	m	771.1	22d. ADDRESS	L	1_1		1120/01
	22c. PHYSICIAMS NAME (Type)	Ilas d Al	HOF	=Fmar		214 N.	Potomic	st. H	290.75	toun, md
72-	. BURIAL, CREMATI	ON, 23b. DATE THER	EOF 1	23c. NAME OF CE	METERY C	OR CREMATORY	23d. LOCATION	City, town		(Stete)
230	REMOVAL (Specify)	11/2.1	,	R124:	120		11		111	Da
	Burial	11/21/6	/	DIETER!	nois!		THY - HAUE			ZYLANO _
24	FUNERAL DIRECTOR		4_3	ADDRESS		25a.	NOV 2 1 '61		LLUM S. HG	
_ 4	Andrew K.	. Coffman	Hage	rstown 1	ld.	DATE	1101 2 1 01	C/A	A. 14	

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DEPUTX MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is necessary, please exe	1	-	FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial, cremation,	6
5	2	A	ER	ar removol.
EP	9	No.	5	e
0	5	9	T	5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) PLACE OF DEATH o. COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1h c. CUTY-OR TOWN (If outside corporate limits, write RURAL and give nearest town) TREEN d-NAME d. STREET ADDRESS OR INSTITUTION (If not in hospital, give street address) NAME OF Middle DATE Last Month DECEASED (Type or print) DEATH 0 4 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED D DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) during most of working life, even if retired) 4QUSE 40 me ederick 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 412 Address Potdinac 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: Hy-teriosc Genera1 127-051 IMMEDIATE CAUSE (o) DUE TO 1015clerotic Hezi-t Disesse with Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying Qui 1 cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. over toot of bed and tell to floor 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not while Houro o. m. Haverstown of work of work of Garlock Hespital 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that deoth resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Edward W. Ditto Ill. M. D. Act DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAN CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or caunty) edar ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 3 0 '61 Citima S. Times

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e. IS RESIDENCE ON A FARM?

YES NO D

Year

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? YES 🗍

DATE SIGNED

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13155

. COUNTY			Where deceased lived, it institutions ke	esidence before admission;
Washington	MARYLAND	Maryland	Washington	
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tsida corporate limits, write RURAL end	give neerest town)
	12 Hrs	Hagerstov	vn .	
Hagers town d. NAME OF HOSPITAL OR INSTITUTION (if not in )	nospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Wash County Hospit	a.l		tomac st	YES NO
3. NAME OF DECEASED	Middle	Lest 4.	DATE Month OF	Day Yeer
		HEIST	DEATH Nov 22 19	61 19
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years   IF UNDER 1 'lest birthday)   Months   D	
- 011.02.0	WED XX DIVORCED	July 11 1887		Peys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County &	State, or foreign country)   12. CITIZ	ZEN OF WHAT COUNTRY?
	Rubber Co	Hagerstown	Wash Co Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
David S. Fisher		Ann J. A	lexander	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewarordetesofsarvice)	4-09-7734 Ји	lian Saunder	s 917 Sp Poto	man at
18. CAUSE OF DEATH [Enter only one ceuse pe		Hagersto		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Cardiac Stands		WII MUCE	ONSET AND DEATH
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Conditions, it eny, which (b)	osterior Myod	cardial Infa	rction	
geve rise to immadiata causa (e), stating the underlying  DUE TO				
	rterioscleroi	cic Heart Di	sease	
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
Thrombosis of Wi	ddla Camaha-1	A	PERFORMED?	
Thrombosis of Wing 206. ACCIDENT WAS UNDERLYING   206. D	ddle Cerebra		t or Part II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF Mi  20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Dey, Yeer   20			20f. (City or town) (Coun	ty) (Stete)
	nile Not While fact	ory, street, office bldg., etc.)		
21. I certify that (I) ABNOXING SOURCE atte	anded the deceased from	19	to 19	that (I) (we) last
saw the deceased alive on11/2				
22e. SIGNATURE	1 1 10	Mul	,	22b. DATE
1. Makenahrah 4	a ble llaus	ATTENDING MED.	CTOR PHYS.	1/37 / SIGNED
22c. PHYSICIAN'S	1.4.1	22d. ADDRESS		your at
MARIE (Town)	uffer, M.D.	145 S. Pr	ospect St. Hage	rstown, Md
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		3d. LOCATION (City, town or county	
Burial 11/24/61	Rose Hill Ce	metery H	lagerstown Wash	Co Md
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D	BY REGISTRAR 256, REGISTRAR'S S	
Andrew K. Coffman Ha	aceretown Md	DATE NOV	24'61 arthur S.	Kraus
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	131	68	CERTIFICA	TE OF DEAT	Ή	13	156
1.	PLACE OF DEA	TH VASHINGTON			RYLAND b. COUN	ITV	NGTON
_			MARYLAND	-			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give peerast fown)  HAULADTOWN  C. LENGTH OF STAY IN 18		10 YRS.	A HAGERS'	(If outsida corporata limits, write TOWN	KUKAL end give	neerest town;
	d. NAME OF HOS	PITAL OR INSTITUTION (if not	In hospital, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE
		DLAND WAY		901 WOU!	DLAND WAY		YES NO
3.	NAME OF DECEASED (Type or print)	LAUGHTY		DLLYDAY	4. DATE NOVEM		1961 (4)
	FEMALE	WHITE   WE	ARRIED NEVER MARRIED DOWED NOVED DIVORCED	B. DATE OF BIRTH 12/13/188	9. AGE (In years last birthday) 32 78yrs.	Months Days	Hours Min.
10 de	e. USUAL OCCUP.  Done during most of  HOUSE, W	working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR HOME		nty & State, or toreign country)		J.S.A.
13	. FATHER'S NAME			14. MOTHER'S MAIDEN			1. D. H.
	WILLI	AM D. MIDDLE	EKAUFF	ANNA PI	PER		
15	WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addipis	AGERSTO	WN
	NO	(If yes giva wer or dates of service	NONE	MR. JOHN S.	HOLLYDAY	MD.	
MEDICAL CERTIFICATION	Conditions, if e geve rise to imm. (a), steting the cause last.	DUE TO  (bHY)  (bHY)  (bHY)  (bHY)  (bHY)	rebral hemorrh	cular disea		]	Indefinite
	20a. ACCIDENT OR CONTRIBUTIN		S CONTRIBUTING TO DEATH BUT NO.  DESCRIBE HOW INJURY OCCURED			EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO K
	20c. TIME OF IN Hour a.m	IJURY Month, Day, Yaar		ACE OF INJURY (Home, far story, streat, office bldg., etc.		(County)	(State)
	21. I certify that (I) (this hospital) attended the deceased from 127 5						
	22e. SIGNATUR	18121	husky ,	n.o.	MED. STAFF DIRECTOR PHYS.	]	1/27/61 L1/27/61
	22c. PHYSICIAN NAME (Typ	B. B. Kne	eisley, M.D.	На	st Washington gerstown, Md	•	
23	REMOVAL (Speci BURIA	ATION, 23b. DATE THEREOF  (Y)  11/27/	61 FUNKSTOWA		123d. LOCATION (City, town		(State)
24	FUNERAL DIRECT	OR'S SIGNATURE A	AÓDRESS -		C'D BY REGISTRAR 256, REG	SISTRAR'S SIGN	ATURE

DAOV 2 8 '61

Unleur & Time

filled in by the funeral Pages 1 and 2 should within 24 hours after TO HOPSTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death, age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after dept.

15M 7/61



funeral the f

within 24 hours after TO HOS TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h death. Let may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, wiffin 72 hours after degrees.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	13169	CERTIFICATE	OF DEATH		13157
1.	PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If i	institution: Residence before admission
	. COUNTY  AXXEEXN WASHINGTO		a. STATE MARYLA		ALLEGANY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)	c. LENGTH OF STAY IN 16			RURAL and give neerest town)
_	HAGERSTOWN	3 WEEKS	CUMBERLA	ND	0102-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, give street address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
3	WESTERN MARYLAND STATE H	OSPITAL Middle	Z 93 HEND	ERSON AVE.	YES NOX
٥.	DECEASED		Last	OF	Dey Yeer
	(Type or print) Campbell		HOOK	DEATH No.	U. 28, 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers last birthdey)	Months Deys Hours Min.
	MALE WHITE WIDOWE	D DIVORCED	April 14,1889	72 yrs.	100.00
1De	D. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	ND OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (Count	y & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY
00		ILROAD	W. VA.		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	VAME	
	J. SAMUEL HOOK		ANNA Mc	CARMY	
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Ye	s, no, or unkown) (If yas give we rordetes of sarvice)	***** 10301	TTODA TTOOTS	A	
-	NO AB. CAUSE OF DEATH [Enter only one cause possible]	e for (e), (b), and (c).]	HODA HOOK	CUMBERLAND, MI	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	obular '	Pneumos	ria	ONSET AND DEATH
	IMMEDIATE CAUSE (e)			""	one week
	DUE TO C	ar cinoma	of to	014	800000 110
	Conditions, if any, which (b)		i of Jace	, lest	gevin yea
	(e), steting the underlying DUE TO		0	U	
	cause lest. (c)				
NO	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	
ATIC					PERFORMED?
5	200. ACCIDENT WAS UNDERLYING   20b. DESC	CORE HOW INTIDA OCCUP	ED. (Enter neture of injury in P	art I or Part II of item 18 )	I II II II III
ERTI	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJOKT OCCOR	LD. (Ellier heidre of injury in t	on to pan II of hem is.,	
7			A OF OF BUILDING	001 (6)	(5)
200	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. I Hour a.m. While	1.	LACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (State)
MEDI	p.m. 19 et work				The second second
	21. I certify that (I) (this hospital) attend	ded the deceased from	Nov. 8	1961, 10 NOV, 5	28., 19.6/, that (I) (we) las
	saw the deceased alive on Nov. 2				
	22e. SIGNATURE	0 00			22b. DATE
	Houng &	· Che	M.D. PHYS.	RECTOR PHYS.	NOV. 28.1961
	22c. PHYSICIAN'S	- Oli		osteen maryla	nd State Hospital
	NAME (Type) YOUN/(T)	= CHUN	/	Hagepstown,	
23:	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City, tov	
130	REMOVAL (Specify)				
	BURIAL   NOV.30,1961		BURIAL PARK	CUMBERLAND,	
24	FUNERAL DIRECTOR'S SIGNATURE BYRON KIGHT CUMBE	ADDRESS		D BY REGISTRAR 256. REG	4 14
	DITION VIGIT. COMPR	RLAND, MD.	DATE NO	N 3 0 '61 C	rehalf S. Ptransi

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND
13171) CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution, Residence before edmission)
Washington MARYLAN	ND Maryland Washington
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN	TOTAL TOTAL
write RURAL and give neerest town) Sharpsburg 5 Yrs	Aha ma ahuma
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   O. IS RESIDENCE
225 Chaplin St	225 Chaplin st
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
(Type or print) SUSAN CATHERINE	HUYETT OF DEATH NOV 1 1961 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
remale White WIDOWEDER DIVORCED	Aug 6 1883   lest birthdey)   Months   Deys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INC	
done during most of working life, even if retired) Housewife Own Home	Waynesboro Franklin Co USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Calvin Miner	Katherine L. Harbaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	
No (Ifyes give werordetes of service) 376-18-9893	F. Anwilda Scott 225 Chaplin St
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	Sha machine Md. INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ONSET AND DEATH
1/22/ DUE TO 0-#	POLICIPA
Conditions, if eny, which ) (b) Wellow Co	role Cardis -Vascovardine 2 gm.
gave rise to immediate cause	
(e), steting the underlying DUE TO	
(c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	PERFORMED?
	CURED. (Enter natura of Injury in Pert I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Takes, telling, malay at 1 at
	e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, streat, office bldg., etc.)
Hour a.m.  p.m.  19  While Not While et work et work	
21. I certify that (I) (this hospital) attended the deceased fi	rom 19, 19, 19, to 10, 1, 1, 19, 1, that (I) (we) last
saw the deceased alive on 31	that death occured at
220 SIGNATURE	ATTENDING MED. STAFF 221. DATE
Water History	M.D. PHYS. DIRECTOR PHYS
22cd PHYSICIAN'S NAME (Type) // A) / A / A / A / A / A / A / A / A	Showshory Ind
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR REMATORY 23d/LOCATION (City, town or county) (State)
Burial 11/4/61 Roseil	1 Cemetery Hagerstown Wash Co Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Andrew K. Coffman Hagerstown	Md DATE NOV 6 '61 Orthur 8. Kraus

TO HOSNEAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Solution and the death of the hospital or attending physician.

Solution and complete filled in by the funeral defector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 2 hours, after death.

1 to 1 to 1 to 1 Suversanug SURL L VOIL TENT LANGE Cartina L. destination Calvin Tings THE CONTRACTION DESCRIPTION OF STREET LON DENTINETHE arterio actionalie Carda - Vancolardina 2 72 the deal work to be the territory to the second to the sec andrew L. Corlean Hagerstown Md.

RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PHOMA 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) MARYLAND c. LENGTH OF STAY IN 1b 3. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS Z 9 NAME OF 00 NSB0170 4. DATE DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) NWO 13. FATHER'S NAME WIFE HOME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOC 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause passine for (a), (b), eng (c).]

C. CITY OR TOWN (It outside corporate limits, write RURAL and give neerest town) KURAL e. IS RESIDENCE ON A FARM? YES X NO Year 30 1961 NOVEM BE 12 . 30 196 Months Days Hours 19 VES. 12. CITIZEN OF WHAT COUNTRY? MT. LENA WASH, CO. MD. HARRISON BOONSBOIZO IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PARLII, OJHELSIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO/THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20a, ACCIDENT WAS UNDERLYING [ 20p. DESCRI NO F DESCRIBE NOW MUNRY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f. (City or town) (State) Month, Day, Yeer (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 19/ 21. I certify that (I) (this hospital) attended the deceased from the 19.6.1, and that death occured at 12.1%, from the causes and on the date stated above. saw the deceased alive DATE SIGNED 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. PHISICIANIS ADDRESS 22d. NAME (Type) 23a. BURIAL, CREMATION, | 23b. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, REMOVAL (Specify) DOONSBORD WASH. CO. MID JURIA REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S DATE DEC 1 3 '61 arthur S. Kraus OONSBORD

ers. Pages I and 2 sh hours after dearth. papers. n 72 ho comple within carbon physician and remove please and in attending Then DIRECTOR: After this certificate has been signed by the detached for use as the burial-transit aftending burial. the hospital or prior to Pe plnods may TO FUNKARI director, page filed VR A15 (4) 15M 7/61

funeral

A THE RESERVE OF THE PERSON OF MATERIAL STATES OF THE PROPERTY AND ASSESSED ASSESSED. MODITAR SOLD SAME TO STREET LIFE SOLD STREET East mile to salver who the Control of CALLERY TO SELECT SILVER IN STRUCTURE TO THE CHARLES MILE TO COME TO COME ON THE COME OF THE CO

TO HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the deam centurate be except.

death. 55e 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complex. Filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VR A15 (4) 15M 7/61 23011

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
31	•	a. COUNTY	a. STATE b. COUNTY
Σ		WASHINGTON MARYLAND	MARYLAND WASHINGTON
0		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
			X DAN DE SWILL S PORTS
1		BEONSBERG 3 DAYS  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	MAPLEVILLE KOAD. KURAL d. STREET ADDRESS  6. IS RESIDENCE
V		a. Name of floating ok stating float in nospital, give steet address)	ON A FARM?
		KEEDER NORSING HOME	BOOKSBORD MD. R. 2 YES X NO [
	3.	NAME OF NORSING TIENS	Last 4. DATE Month Day Year
		DECEASED	OF
		(Type or print) LITHER I	TNURE DEATH NOVEMBER 20 196/
,	5.		DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
			last birthday) Months Days Hours Min.
		MALE WHITE WIDOWED DIVORCED C	ANUARY-16-1877 84 yrs. 10 4
	10a	. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
	00	ne during most of working life, even if retired)	2
		FRUIT CHARMIEIZ OVVN TARIEN	NEAR DOENSBORD WASH. CO. M.D. U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		JAMAR E ITALURIA	A America Divise 18111 181116
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   10. SOCIAL SECURITY NO.   17. 1	CATHERINE WILKINS
		s, no, or unkown)   (Ifyesgivewarordatesofservice)	Addiess
		NO 219-36-7515 MIS	STHELMA V. ITNYRE DOONSBORD MD.R.Z.
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Heart Susease will Sun &
		IMMEDIATE CAUSE (a) LOTTO SCUTT LA	1 1 - all persons with 5 gn +
		420,12 DUE TO . 1 1	
		Conditions, if any, which ) (b) MINTANALUL Au	Vaint
		gave rise to immediate cause	WII
		(e), stating the underlying DUE TO	
		cause last. (c)	
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY
	일		PERFORMED?
7	3		YES NO
	CERTIFICATION		. (Enter neture of injury in Pert I or Pert II of item 18.)
-11	ER	OR CONTRIBUTING [] CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Š	E-t	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	MEDICAL	Hour a.m. White Not White p.m. 19 et work et work	
			1956 10 . 20 how 10/1 . 10/1
-		21. I certify that (I) (this hospital) attended the deceased from	19 19 19 19 19 19 19 19 19 19 19 19 19 1
		saw the deceased alive on 20 // W 190/, and that	death occured at//M, from the causes and on the date stated above.
		22e. SIGNATURE	22b. DATE
		H A lunh	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
		2 2 charry M	
		22c. PHYSICIAN'S NAME (Type) FF / 1/5 /	22d. ADDRESS D. T. DT Harman
		FFLUSDY	23011 Towns I layer my my
	23=	BURIAL, CREMATION, 236. DATE THEREO   23c, NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
		REMOVAL (Specify)	
		SURIAL NOV-22-1961 SUONSBORD	CEMETERY DOONSBORD WASH, CO.MD.
	24	FUNERAL DIRECTOR'S STENATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	-	- Tally H. (Bast DOONS BORD N	D. DATE NOV 2 2 '61 Contract & The
10		1- 10-00-0	D. DATE NOV 22'61   Carring & Trans

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TO HOSZITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of death.

4 4 may be retained by the hospital or attending physician.

5 IO FUNDALL DIRECTOR: After this certificate has been signed by the attending physician and complex. Filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13173

CERTIFICATE OF DEATH

13160

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare daceasad livad, If institution: Ras	sidanca balora admission)							
a. COUNTY  Washington  MARYLAND	a. STATE Maryland b. COUNTY Was	hington							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	giva nearast town)							
Hagerstown	Hagerstown								
d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, giva street address)	d. STREET ADDRESS	e. IS RESIDENCE							
Washington County Hospital	/210 Alexander Street	YES NO							
3. NAME OF First Middla Middla	Last 4. DATE Month OF	Day Yaar							
(Typa or print) ROY PRESTON	TAGODG	16 19 61							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE								
	June 28, 1893   68 yrs.   Months Da	ys Hours Min.							
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retirad)	RY 11. BIRTHPLACE (County & State, or foraign country)   12. CITIZE	EN OF WHAT COUNTRY							
Retired Baker Fairchild Aircra	It Tilghmanton, Md. U.S	. A .							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Benjamin F. Jacobs	Lida Wade								
	INFORMANT Address								
	rs. Cecil Jacobs Hagerstown, Mar	vl and							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY:	- ede-	ONSET AND DEATH							
11112	11112								
943 X DUE TO	, & Anches.	2 dr							
Conditions, il any, which gave rise to Immadiata causa	ent fortun								
	0-11 0-	Mass.							
causa last. (c) / Merter rese	c o ware								
PART II. OTHER SIGNIFICANT CONDITIONS MONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?							
		YES NO							
PART II. OTHER SIGNIFICANT CONDITIONS SONTRIBUTING TO DEATH BUT NO  20s. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter natura of injury in Part I or Part II of itam 18.)								
20c. TIME OF INJURY Month, Day, Yaar   2Dd. INJURY OCCURRED   2De. PL									
Hour a.m. While Not Whila fac	tory, straat, offica bldg., atc.)								
	1. 13 10 11								
21. I certify that (I) (this hospital) attended the deceased from	and the state of t								
saw the deceased alive on 1000/16 1961, and that	death occured A.M.M., from the causes and on the								
22a. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED							
22c. PHYSICIAN'S	22d. ADDRESS, UT W WAShing	7-11-11-							
NAME (Type) L. L. FACKER SR	street tran	27							
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county)	(Stata)							
REMOVAL (Specify)									
Burial 11/18/1961 Rise Hill Ger	Hagerstown  Hagerstown  Herp Hyregistran 255, Registran's Sic	Maryland							
Saton Rougan Funanal Hama		STATIONE							
A Jean Kenniger Tuneral "ome Hagerstown, 1	IQ. DATE								

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of the street and the street, between

funeral within 24 hours after completely filled in by the function of papers, Pages 1 and 2 sland 2 sland 2 sland 2 sland and 2 slan completery TO HC AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Set 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pape be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

VR A15 (4) 15M 9/60

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

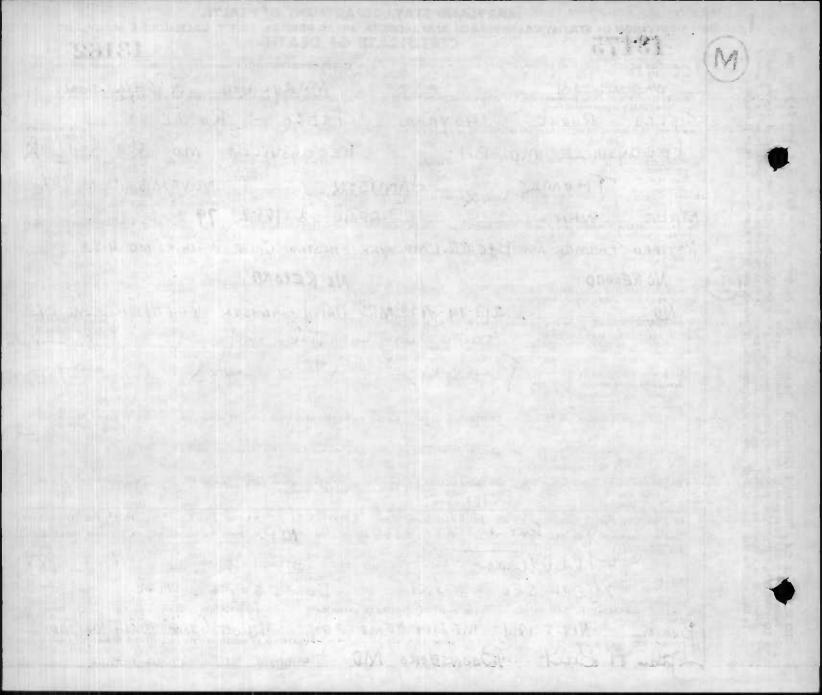
13161

	2. USUAL RESIDENCE (	t L COUNTY	1
MARYLAND	Maryco	ina	Washington
c. LENGTH OF STAY IN 16			L and give nearast town)
1 yr. 5 mo.	X Hagers	itown Rure	al
al, giva streat addrass)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
riun	R#5		YES NO K
Middla			Day Yaar
Vathaniel	Jamison		30 1961
		9. AGE (In years   IF UNI	
DIVORCED [ ]		last birthday) Month	ns Days Hours Min.
OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	Stata, or foreign country)   12.	CITIZEN OF WHAT COUNTRY
organ supplie	Chsetnut Gro	ve. Maryland	USA
2	Mary Ann	Ainsworth	W
		Address	
1-00-21167 1114	alas 626 Mul	harry St Hasse	tame Md
for (a) (b) and (c)	Jaces 030 Min	berry or nagers	INTERVAL BETWEEN
	m Rl.	11.1	ONSET AND DEATH
arcuin	201000	Cace	1yr.
	THE TOTAL STREET		
IBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN F	
	- 1.		PERFORMED?
berotic he	art disease	-	
berotic he	- 1.	-	PERFORMED?
lesotre he injury occured.	(Enter nature of injury in Part I	or Part II of itam 18.)	YES NO
ILVOTIC AL. IBE HOW INJURY OCCURED.  IURY OCCURRED   208. PLAC	art disease	or Part II of itam 18.)	PERFORMED?
ILVOTIC AL. IBE HOW INJURY OCCURED.  IURY OCCURRED   200. PLAC	(Enter nature of injury in Part I	or Part II of itam 18.)	YES NO
ILLE HOW INJURY OCCURED.  URY OCCURED   20a. PLACE   100 While   20a.	(Enter nature of injury in Part I	or Part II of itam 18.) 20f. (City or town)	YES NO NO (State)
ILINOTIC AL. IBE HOW INJURY OCCURED.  OURY OCCURRED 208. PLACE  Not While at work 1 fector  d the deceased from	(Enter nature of injury in Part I	or Part II of itam 18.)  20f. (City or town)	YES NO
ILINOTIC AL. IBE HOW INJURY OCCURED.  OURY OCCURRED 208. PLACE  Not While at work 1 fector  d the deceased from	(Enter nature of injury in Part I	or Part II of itam 18.)  20f. (City or town)  5 to Nov 30,  A, from the causes and compared to the cau	YES NO
IURY OCCURRED 20a. PLAG facto at work defined the deceased from	(Enter nature of injury in Part I	or Part II of itam 18.)  20f. (City or town)  5 to 20f.  A, from the causes and constants	(County) (State)  19.6.1., that (1) (we) last on the date stated above
ILINOTIC AL. IBE HOW INJURY OCCURED.  OURY OCCURRED 208. PLACE  Not While at work 1 fector  d the deceased from	(Enter nature of injury in Part I	or Part II of itam 18.)  20f. (City or town)  5 to 20f.  A, from the causes and constants	(County) (State)  19.60, that (1) (we) lase on the date stated above 22b. DATE
IURY OCCURED 20a. PLACE factor at work 10 Miles at work 1	(Enter nature of injury in Part I  CE OF INJURY (Homa, farm, 2  ry, straat, offica bidg., etc.)  death occured at  ATTENDING MED. PHYS.  22d. ADDRESS	or Part II of itam 18.)  20f. (City or town)  5 to Nov 30,  A, from the causes and compared to the causes and compared to the causes are caused to the cause are compared to the cause are caused to the cau	PERFORMED? YES NO  (County) (State)  19.6(., that (1) (we) last on the date stated above 22b, DATE SIGNED
URY OCCURRED 208. PLACE factor at work 19.6/, and that M.D.	(Enter nature of injury in Part I  EE OF INJURY (Homa, farm, 19, streat, office bidg., etc.)  death occured at A.A.  ATTENDING MED. PHYS.  22d. ADDRESS  318 N. Potom	or Part II of itam 18.)  20f. (City or town)  S to Nev 30,  A, from the causes and compared to PHYS.   tac St. Hagerst	PERFORMED? YES NO  (County)  (State)  19.61, that (1) (we) lase on the date stated above 22b. DATE SIGNED 11/3-16.
URY OCCURRED 208. PLACE factor at work 19.6/, and that M. M. D.	(Enter nature of injury in Part I  CE OF INJURY (Homa, farm, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	or Part II of itam 18.)  20f. (City or town)  55 to Nov 30,  A, from the causes and compared to the phys. []  10ac Sta Magerst  10d. LOCATION (City, town or compared to the physical compared to th	PERFORMED? YES NO  (County)  (State)  19.50., that (1) (we) last on the date stated above 22b. DATE SIGNED ATE
IURY OCCURRED 208. PLACE factor at work 19.6.1., and that M.D.  Rest Haven (	(Enter nature of injury in Part I  CE OF INJURY (Homa, farm, 2  Gry, streat, office bidg., etc.)  death occured at A.A.  ATTENDING MED.  PHYS. DIRECT  22d. ADDRESS  318 N. Potom  OR CREMATORY 23  Cemetery	or Part II of itam 18.)  20f. (City or town)  55 to Nov 30,  A, from the causes and compared to the phys. []  10ac St. Hagerst  1d. LOCATION (City, town or compared to the physical ph	PERFORMED? YES NO  (County)  (Stata)  19.5(., that (1) (we) last on the date stated above 22b. DATE SIGNED 2b. DATE SIGNED
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	LENGTH OF STAY IN 16  I yr. 5 mo.  al, give street eddress)  rium  Middle  Nathaniel  Never Married  Divorced  Organ supplie  Organ supplie  Ocial Security No. 17. II  1-09-3467  Wm.	maryland  c. LENGTH OF STAY IN 16  I yr. 5 mo.  al, give street address)  rium  Middle  Nathaniel  DIVORCED  DOF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & Organ supplies Chsetrut Grown Mary Ann  OCIAL SECURITY NO. 17. INFORMANT  1-09-3467 Wm. Pales 636 Multiple (c), (b), and, (c).)	a. STATE Maryland  b. COUNTY  c. LENGTH OF STAY IN 1b  I yr. 5 mo.  al, give street address)  rium  Middle  Nathaniel  Death  Death  November  Never Married  Dof Business Or Industry  Dof Business Or Industry  Dof Business Or Industry  Amother's Maiden Name  Mary Ann Ainsworth  Death  Mary Ann Ainsworth  Or (a), (b), and, (c).)  Death  Mary And  Mary St. Magere  Death  D

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STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral plnods PLACE OF DEATH a. COUNTY a. STATE by the and 2 death. b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 þ write RURAL and give nearest town) filled in Pages 1 hours after REGO Pages 12 11 12 14 L 40 YIEHRY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) STREET ADDRESS NAME OF 50 papers. 72 COMPL DECEASED OF (Type or print) CAMISON BIRTH COLOR OR RACE 7. MARRIED X NEVER MARRIED and WIDOWED DIVORCED APRI physician USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County done during most of working life, even if retired) RETIRED 13. FATHER'S NAME IRIR. EMPLOYIEE AND MOTHER'S MAIDEN NAME please .⊑ aftending NO RECORD Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying cause last. CERTIFICATION 95 20e, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work at work June 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on.... 22e. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) TO MT. ZION EMETIER ADDRESS VR A15 (4) FUNERAL DIRECTOR'S

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. COUNTY WASHINGTON c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) KURAL e. IS RESIDENCE ON A FARM? YES NO X DATE Year DEATH 1- 1961 NOVEMBER 12 -IF UNDER 24 HRS. last birthday) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) 6ROVIE ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 4 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 20f. (City or town) (County) (Stete) to Nov ...., 19.6 (, that (1) (we) last 19.6.1., and that death occured O.P.M. from the causes and on the date stated above. 22b. DATE SIGNED STAFF PHYS. BOOKSBORO Mol 23d. LOCATION (City, town or county) (Stala) WASH. CO. MD. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15M 7/61 OONSBORD



Division of STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Film 0302 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) PLACE OF DEATH merel director, Pege sined for your files. a. COUNTY delay is necessary Maryland Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Board of write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Rural 2 Hancock Md. d. STREET ADDRESS . IS RESIDENCE ON A FARM? Washington County Hospital YES NO T State Hancock Md Year DECEASED OF with the (Type or print) DEATH AGE (In years | IF UNDER I YEAR | 19 61 uld be executed within 24 hours after death. In pencil in Item 18. Give Pages 1, 2, end 3 to 1 Office elong with form PM3. Page 5 may be purial-transit permit. File pages 1 and 2 with the ovel, and in any event within 72 hours after Kate Keefer 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days WIDOWED XX DIVORCED -1867 91 10 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hancock Maryla nd U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isiac Younker Katherine Hull This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Ray Grove Rural 2 Hancock Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office elong w burial-transit p ONSET AND DEATH PART t. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) 6 days DUE TO removal Conditions, it any, which (b) Fracture Right Hip ll days ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a bits designated agent, prior to burial, cremation, or rem gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY cause last. CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work at work Home Washington Inspection | 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Natural causes Accident | Suicide Homicide Undetermined manner death resulted from:/ CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER ol **EXAMINER'S** 12-1-61 NAME (Type) E. W. Ditto. Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) please 4 shou REMOVAL (Specify) VIC ò Hangock swashington VS. AISME DEC 8 withung & Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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13177 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY MARYLAND WASHINGTON WASHINIGTON Funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) AGERSTOWN AGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO LOUNITY HOSPITAL NAME OF First Middle DATE Month Day Year DECEASED (Type or print) 1962 VEMBER 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days DIVORCED T WIDOWED | YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) LAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stoting the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part 1 or Part II of item 18.) 20c, TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Q. fl. While Not while at work p. m. at work 21. I certify that I attended the deceased fram. 1961, that I last saw the deceased and that death accurred at 71 10 f.M., from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S F. WADDI NAME (Type) m 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 1 3 VS A15 (4) 15M 9/55

deoth:

within 24 hours

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOS THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

death.

4 may be retained by the hospital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and complementally the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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CERTIFICATION

MEDICAL

MARYLAND STATI	DEPARTMENT OF I		RE 1. MARY	LAND	1
	ATE OF DEATH		13	164	
PLACE OF DEATH	1 2. USUAL RESIDENCE	(Where deceesed lived, If i	nstitution: Residen	ce before e	dmission)
a. COUNTY	a. STATE	b. COUN			
Washington MARYLI			Washin	gton	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  ural Boonsbore  39 years	1.5	utside corporete limits, write	RURAL end give	neerest tow	n)
	hagei	cstewn		i ic ni	CIDENICE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address.  3. F.D. # 2 Fahrney - Keedy Mem. Home		h Ave			A FARM?
NAME OF First Middle		DATE Month	Dey	Yee	
DECEASED		OF		100	
(Type of print) FIRMINE JOSEPHIN	IE LAMBILLOTTE	DEATH Novembe	r 29	19	61
SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years )	IF UNDER 1 YEAR	IF UNDER	24 HRS.
Female White WIDOWED DIVORCED	April 29, 1884	last birthdey) 77 yrs.	Months Deys	Hours	Min.
. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR II	NOUSTRY 11. BIRTHPLACE (County	& Stete, or foreign country)	12. CITIZEN O	F WHAT	OUNTRY
	P				
Housewife	Delgium	148	U.S.	A	
FATHER'S NAME	14. MOTHER'S MAIDEN NA	.ME			
John B. Lambillotte		ienne Trefoi	5		
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. s, no, or unknown) (Ifyesgivewerordelesofservice)	17. INFORMANT	Address			
no	George Lambillo	tto In Hom		Ma	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c),		ore are make		ERVAL BET	DAVEEN!
	1	1		ISET AND	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	g Owom	roses		(o'n	well
DUE TO	1				
Conditions if any which a					
Conditions, if eny, which geve rise to immediate cause					
(a), stating the underlying DUE TO					
The state of the s					
(0)		DISTACT COMMITTON ON	TALIAL BARTIS AS	0 11115	LITORCH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PAKI I(e)		DRMED?
				YES 🗍	NO T
2Do. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURED. (Enter neture of injury in Per	l or Pert II of item 18.)			
					1100
20c. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY OCCURRED   2 Hour a.m.   2 While   Not While   at work   at work   at work   2 Hours   2 Hours	Oe. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	2Df. (City or town)	(County)		(Stata)
21. I certify that (I) (this hospital) attended the deceased	411	61, to 1000, 2	,	hat (I)	
saw the deceased alive on 1001. 70 1961, and	d that death occured at .C.C.	.m, from the causes	and on the da		
22a. SIGNATURE	ATTENDING MED	STAFF		226	SIGNED

22c. PHYSICIAN'S NAME (Type)

PHYS.

22d. ADDRESS

200

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Rest Haven Cemetery Hagerstown Maryland

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 11/24/1961 25 FUNERAL DIRECTOR'S SIGNATURE
Suter - Rouzer Funeral Home
R. Franklin Buyer ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Hagerstown, Md. DANOV 2 7 '61 Clothun S. Hours

Lales. len len not nicell 31107 48 cro sreo fara nroca sana . or referring to a constraint a margine S .... 03 77 odini ofensi 11:00 rei In-Jalana Tracks atto William . mos or a white other, are the area Continued Standard Come 1/2/12/ test test test Aber - oner una el como Lageretorn, Ma. death age 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

within 24 hours after

The law requires that the death certificate be execut

OR ATTENDING PHYSICIAN:

TO HO death.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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V	45443		GERTHIG		DI DEMI			121	CE
	PLACE OF DEATH			2.	USUAL RESIDE	NCE (Where d	eceesed lived, If it	nstitution: Res	idence before edmission)
1	WASHINGTON		MARYLA	ND	a. STATE MAI	RYLAND	b. COUNT	WASI	HINGTON
	b. CITY OR TOWN (if outside corporete li	mits,	c. LENGTH OF STAY I		c. CITY OR TOWN		porete limits, write		
	write RURAL end give neerest town) HAGERSTOWN		64 YEARS	10	3 HAGER	STOWN			
	d. NAME OF HOSPITAL OR INSTITUTION	(if not in hos		1	d. STREET ADDRESS				e. IS RESIDENCE
		SPITAL				AND WAY			YES NO X
	NAME OF Find DECEASED	rst	Middle		Last	4. DATE	Month		Dey Yeer
	(Type or print) JOHN		CHARLES		LEWIS	DEATH	NOV.		5 1961
5.	SEX 6. COLOR OR RAC	7. MARRIE	NEVER MARRIED	] B. DA	TE OF BIRTH	9	9. AGE (In yeers   lest birthdey)	Months De	
	MALE WHITE	WIDOWE	DIVORCED	] AU	04 1896		65 yrs.	Months	ys Hours Min.
10e do	. USUAL OCCUPATION (Give kind of wo	ork 10b. K	IND OF BUSINESS OR IN	DUSTRY 1	. BIRTHPLACE (Co.	unty & Stete, or	r foreign country)	12. CITIZE	N OF WHAT COUNTRY
RE	ETTRED CONDUCTOR FATHER'S NAME		RATLROAD		JEFFERSON MOTHER'S MAIDER		RGINIA		USA
							IDIOI WY		
15.	WAS DECEASED EVER IN U.S. ARMED FO	ORCES?   16.	SOCIAL SECURITY NO.	17. INFO	RMANT	UN	KNOWN Address		
	s, no, or unkown) (If yes give wer or dates of	fservice)				TULITE		OT.THE MEAT	DVT ANTO
	NO   18. CAUSE OF DEATH [Enter only o		L4-09-6039	CALL	. OLIVE G	TEMTO	HAGERST	LALFI NIWC	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:			N 0 mir	Trdomo				ONSET AND DEATH
	IMMEDIATE CAUSE (	o) CILL	onic Pulmo	na.r.y	таеща				30 days
	521,2 DUE T	cor	Pulmonale						3+ vears
	Conditions, if eny, which geve rise to immediate cause	b)	tial occlu	gion	and thr	ombus	in rio	11.00	clusion
	(e), steting the underlying DUE T	0	n pulmonar		/ ITL 1		s 2 mon		years plu
_	ceuse lest.	c)				INIAL BISEASE	COMPITION COM	ALIAN BART 4	LI 10 WAS AUTORSY
ĕ	PART II. OTHER SIGNIFICANT CON	-		UI NOI RE	LATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1	e) 19. WAS AUTOPSY PERFORMED?
S			kidney	1					YES INO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH OF THE CONTRIBUTION OF	Н	SCRIBE HOW INJURY OC	CURED. (En	er neture of injury i	n Pert I or Pert I	II of item 1B.)		
1	20c. TIME OF INJURY Month, Dey,	Yeer   20d.	INJURY OCCURRED   20		F INJURY (Home, fe		y or town)	(County	y) (State)
MEDICAL	Hour a.m. p.m. 19	While et wor		tectory,	street, office bldg., e	ic.)			
	21. I certify that (I) (this hos		ded the deceased !	rom Oc	t. 3	1961, to	Nov. 4	161	, that (I) (wie) las
	saw the deceased alive on NO	v. 4	19. 61, and	that dea	ath occured at.	o am from			date stated above
	22e. SIGNATURE	low	man	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	11-	226. DATE SIGNED
	22c. PHYSICIAN'S	J /-		M.D.	22d. ADDRESS	5 Publ	ded on the offert.		
	WILLIAM I DAIM			TERM OF		stown,		na	(6)
23e	REMOVAL (Specify)	*	23c. NAME OF CEME	-			CATION (City, tow	n or county)	(Stoto) MARYLAND
-		51		CEMET			RSTOWN	ICTB ABIC CI	
24	SUPPLIES SIGNATURE	RAI/ HON	E HAGERST	OWN M			1 25b. REG	ilun S. P	

. 4 8 8 8 . THE REAL PROPERTY OF THE PARTY OF THE PART DESTRUCTION OF THEORY Clarect Section William Colors Heart Section Call William Colors Manager Standblus Stones ON RAMPAR PREFERENCE CONDENSATE OF A CONTRACT NO. OF SHARE STATE OF A CALLY SHARE 13180

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

13166

Md

		CERTITION	IL OI DETTIII					LOCAL
1. PLACE OF DEATH o. COUNTY Washi	Ington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylar	nere deceased	lived. If institution b. COUNTY		hing	
	f autside carporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		ate limits, write R	URAL and	give neares	t tawn)
OR INSTITUTION	AL (If not in hospitol, give street anor Rest Hon		d. STREET ADDRESS  25 E. Bal	re section	re St.	1		IS RESIDENCE ON A FARM? (ES NO [
3. NAME OF DECEASED (Type or print)	First F	Boyd Lir	lost nebaugh	4. DATE OF DEATH	Novem	_	Doy 3	Yeor 19 6
s. sex Female	6. COLOR OR RACE 7. MAR White WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  June 3, 1875		9. AGE (In yeors lost birthdoy) 6 yrs.	IF UNDER		UNDER 24 H Hours Min
10a. USUAL OCCUPATIO during most of work House	ON (Give kind of work done 10b king life even if refired) WII C	Own Home	STRY 11. BIRTHPLACE (Stote Hagers		Ad -	12. CIT	IZEN OF W	HAT COUNTE
John I	Boyd		14. MOTHER'S MAIDEN N					
	R IN U. S. ARMED FORCES? 16 (If yes, give war or dates af service)		nformant narles E. Li	inebai	agh Jr.	2	gers	town,
Conditions, if of gave rise to it couse (o), stoting lying couse lost.	mmediate Dur TO	arterial	evotic he	eart	direc	24-	ONSE	AND DEATH
CATIO	HER SIGNIFICANT CONDITIONS	contributing to DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PA		WAS AUTOPS PERFORMED? 'ES NO
OR CONTRIBUTING								
20c. TIME OF INJUR Hour o. m. p. m.	While	i i	ACE OF INJURY (Hame, farm ctary, street, office bldg., etc		ar tawn)	(	(County)	(Sta
21. I certify the			2 64	M, fram	STAFF PHYS.	d an th	ie date st	22b, DATE SIGN
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	23b. DATE THEREOF	Rose Hill	Cemetery		ON (City, town, serstow		Md.	(State)
24 FUNERAL DIRECTOR	C SIGNIATURE	ADDRESS	250 050	D BY DECKT	PAP 25h PEGI	STRAR'S S	GNATURE	

Md.

DATELOV

Civiling & Kins

F. Minnich & Son Hagerstown,

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VR A15 (4) 1SM 9/S9

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within 24 hours after death: Page

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	pent ""	
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marks and easy as a fingular series and a se		m L market had a very
AND SERVICE AND SE		nari A Europa - Patrick
A. Mr	Parliance of the second of the	

TO HOVELAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death age 4 may be retained by the hospital or attending physician.

TO FUNCRAL DIRECTOR: After this certificate has been signed by the attending physician and composery filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A1S (4) 1SM 7/61

1010	CERTIFICAT	E OF DEATH		13	167
PLACE OF DEATH		2. USUAL RESIDENCE (V			fore edmissi
e. COUNTY		e. STATE	b. CC	UNITY	TMONT
b. CITY OR TOWN (if outside corporate limits,	MARYLAND	MARYLAND	t de composite discisso.	WASHING write RURAL and give neers	
write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, v	ALITE KOKAT end dive usere	si iown)
COUTE 1	LIFE	X RURAL 1	CLEAR	SPRING, MD	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospitel, give street eddress)	d. STREET ADDRESS		0.	IS RESIDEN
DESTRUME	AT THE REAL REAL PROPERTY.	MONE		V.	ON A FAR
RESIDENCE		NONE			S NO
NAME OF First	Middle		DATE M	onth Day	Yeer
(Type or print) SUSAN	LOUISE M		DEATH 11	28	19 61
SEX   6. COLOR OR RACE   7. MARE		DATE OF BIRTH	19. AGE (In ye	ars   IF UNDER 1 YEAR   IF L	7 40
			last birthda	y) Months Deys Ho	urs Min
FEMALE WHITE WIDOV		/1/61	уп	0 61	
a. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County &	State, or foreign coun	try) 12. CITIZEN OF W	HAT COUNT
NONE TATE A NO	NONE	WASHINGTO	N CO.	U.S.A.	
FATHER'S NAME INFANT	MOME	14. MOTHER'S MAIDEN NAM		U.D. A.	
COLLEGE STATE		14. MOINER 3 MAIDEN NAM	THE REAL PROPERTY.		
JAMES MASON		CATHERINE	MTLLS		
. WAS DECEASED EVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO.   17. 1	NFORMANT	RD*	"1, CLEAR	SPRTI
es, no, or unkown) (Ifyes give war or detes of service)					TILLY
NO NONE		MRS CATHERIN	E MILLS	PERKINS	
18. CAUSE OF DEATH [Enter only one cause De	r line for (e), (b), end (c).]	1/ 1	_		AL BETWEEN
PART I. DEATH WAS CAUSED BY:	PhiPAtin	1/07/11 +	-in Y	ONMA	led:
IMMEDIATE CAUSE (a)					
2100		, , , , , , , , , , , , , , , , , , , ,			146
762.0 DUE TO		, , , , , , , , , , , , , , , , , , , ,			146.
7620 DUE TO		, , , , , , , , , , , , , , , , , , , ,			1447
7620 DUE TO Conditions, if eny, which geve rise to immediate cause		, , , , , , , , , , , , , , , , , , , ,			14 4 F
7620 DUE TO Conditions, if eny, which (b)		, , , , , , , , , , , , , , , , , , , ,		J-1111	14 4 F
Conditions, if eny, which geve rise to immediate cause	7	, , , , , , , , , , , , , , , , , , , ,		J-1111	144
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	isease condition	GIVEN IN PART I(a)   19. W	AS AUTOP
Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause lest.  DUE TO  DUE TO  (c)	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	isease condition		PERFORMED
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  DUE TO  DUE TO  (c)				GIVEN IN PART 1(a) 19. W	VAS AUTOP PERFORMED NO
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  DUE TO  DUE TO  (c)	ESCRIBE HOW INJURY OCCURED.				PERFORMED
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO					PERFORMED
Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I	or Pert II of item 18.)	YES	PERFORMED NO [
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying DUE TO  PART II. OTHER SIGNIFICANT CONDITIONS CO  20a. ACCIDENT WAS UNDERLYING DOP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer 20c.	ESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I			PERFORMED
Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED.  J. INJURY OCCURED   200. PLA factor	(Enter nature of injury in Pert I	or Pert II of item 18.)	YES	PERFORMED NO
Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19	ESCRIBE HOW INJURY OCCURED.  d. INJURY OCCURED 200. PLA factor ork strong stron	CE OF INJURY (Home, farm, 2 pry, street, office bldg atc.)	or Pert II of item 18.)  Of. (City or town)	(County)	PERFORMED NO [
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO  20a. ACCIDENT WAS UNDERLYING DOP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 et w  21. 1 certify that (I) (this hospital) atterprise to immediate the conditions of the	d. INJURY OCCURED 200. PLA factork at work and after and a factor and	CE OF INJURY (Home, farm, 2 pry, street, office bldg of ic.)	or Pert II of item 18.)  Of. (City or town)	(County)	(State
Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19	ESCRIBE HOW INJURY OCCURED.  d. INJURY OCCURED 200. PLA factor ork strong stron	CE OF INJURY (Home, farm, 2 pry, street, office bldg of ic.)	or Pert II of item 18.)  Of. (City or town)	(County)	(Stete
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO  20a. ACCIDENT WAS UNDERLYING DOP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 et w  21. 1 certify that (I) (this hospital) atterprise to immediate the conditions of the	d. INJURY OCCURED 200. PLA factork at work and after and a factor and	CE OF INJURY (Home, farm, 2 pry, street, office bldg fic.)	or Pert II of item 18.)  Of. (City or town) , to	(County)	(State) (State) (State) (State) (State) (State) (State)
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 el w.	S. INJURY OCCURED 20°. PLA facts ork st work and that	CE OF INJURY (Home, farm, 2 pry, street, office bldg, ic.)  death occured at ATTENDING MED.	or Pert II of item 18.)  Of. (City or town) , to	(County)	(Stete)
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING OPE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19 est well with the deceased alive of the contribution of the contributi	d. INJURY OCCURED 200. PLA factork at work and after and a factor and	CE OF INJURY (Home, farm, 2 pry, street, office bldg str.)  death occurred processors of the processor	or Pert II of item 18.)  Of. (City or town) , to	(County)	(Stete)
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS COORDINGSUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19  21. I certify that (I) (this hospital) after saw the deceased alive of the conditions of	S. INJURY OCCURED 20°. PLA facts ork st work and that	CE OF INJURY (Home, farm, 2 pry, street, office bldg, ic.)  death occured at ATTENDING MED.	or Pert II of item 18.)  Of. (City or town) , to	(County)	(Stete)
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING OP. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 est well with the deceased alive of the cause of the ca	S. INJURY OCCURED 20°. PLA facts ork st work and that	CE OF INJURY (Home, farm, 2 pry, street, office bldg str.)  death occurred processors of the processor	or Pert II of item 18.)  Of. (City or town) , to	(County)	(Stete)
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19  21. I certify that (I) (this hospital) after saw the deceased alive on the cause of	B. INJURY OCCURRED 200. PLA factor of the preceased from and that	CE OF INJURY (Home, farm, 2 pry, street, office bldg atc.)  death occurred of ATTENDING MED.  PHYS. DIRECT	or Pert II of item 18.)  Of. (City or town) , to	(County) (County) (County) (County) (County) (County)	(Stete)
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour e.m.  p.m.  19  21. I certify that (I) (this hospital) after saw the deceased alive on the contribution of the contributi	S. INJURY OCCURED 20°. PLA facts ork st work and that	CE OF INJURY (Home, farm, 2 pry, street, office bldg atc.)  death occurred of ATTENDING MED.  PHYS. DIRECT	or Pert II of item 18.)  Of. (City or town) , to	(County) (County) (County) (County) (County) (County)	(State) (State) (State) (State) (State) (State) (State)
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19 et w. Hour e.m. 19	d. INJURY OCCURED  factor	CE OF INJURY (Home, farm, 2 pry, street, office bldg otc.)  Queath occurred at	or Pert II of item 18.)  Of. (City or town) , to	(County)	(Stete) (Stete) (I) (we) stated abo
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS	B. INJURY OCCURRED 200. PLA factor of the preceased from and that	CE OF INJURY (Home, farm, 2 pry, street, office bldg otc.)  Queath occurred at	or Pert II of item 18.)  Of. (City or town)  In to STAFF OR STAFF PHYS.  D. C.	(County)  (Count	(State)
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	S. INJURY OCCURED  d. INJURY OCCURED  d. INJURY OCCURED  d. INJURY OCCURED  d. INJURY OCCURED  port   200. PLA factor factor factor factor and that  A. Injury Occured factor fac	CE OF INJURY (Home, farm, 2 pry, street, office bldg of ic.)  death occurred price place of injury in Pert I	or Pert II of item 18.)  Of. (City or town) , to	(County)	(State)
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19  21. I certify that (I) (this hospital) attests with deceased alive on the	d. INJURY OCCURED  factor	CE OF INJURY (Home, farm, 2 pry, street, office bldg otc.)  death occurred of MED.  PHYS. DIRECTOR OF CREMATORY  23  COME NINO NITTE  25a. RECTOR	or Pert II of item 18.)  Of. (City or town) , to	(County)  (Count	(State)

MARYLAND STATE DEPARTMENT OF HEALTH

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13168

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. STATE b. COUNTY
Washington MARYLAND	Maryland Washington
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Hagerstown Life	03 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
Homewood Church Home	457 N. Potomac Street YES NO X
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year OF
(Type or print) GARRIE GOOD M	AC CARDELL DEATH Nevember 24 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min.
Female White WIDOWED DIVORCED	June 25, 1871   Months   Deys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired) Housewife	Hagerstown, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel M. Good	Mary E. Seibert
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (Ifyes give wer or detes of service)	frs. Fred Reynolds Hagerstown, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	I INTERVAL BETWEEN
	OURSULAY COLL OPEN ONSET AND DEATH
11221	on water
Conditions, if eny, which	callender Ole Use.
Conditions, if eny, which geve rise to immediate cause	2 c/1/02/17 - 1011.
(e), steting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMSO?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES NO Y
200. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING   CAUSE OF DEATH	ED. (Enter nature of injury in Pert I or Pert II of item 18.)
	Chatal
	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stefe) actory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased from	0 C + 1959, to 11 12 , that (I) (-) Jas
	at death occured at
22e. SIGNATURE	22b. DATE
Jon Stran	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S NAME (Typo) LOUIS G. GRAFF.	22d. ADDRESS' E. ANTICTUM 11/348
230. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county)
Burial 11/26/1961 Rose Hill	emetery Hagerstown Maryland
Suter - Houzer Funeral Home Hagerstown,	Md. DATENOV 2 9 '61 Cirthur S. Krous

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MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institutions Residence before admission) e. COUNTY b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) 19 days Hagerstown d. NAME OPHOSPITAL OR INSTITUTION (if not in hospital, give street address) Pages filled d. STREET ADDRESS Washington County Hospital E. Irvin Ave. papers. 3. NAME OF Middle DECEASED DEATH November (Type or print) McGlaughlin Kendall carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR and last birthdey) female white Sept. 14, 1894 WIDOWED X 1De. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Washington Co. Md. Hous wife 13. FATHER'S NAME Abraham Ida Toms 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad dress Mrs. Harold C. Trovinger 70 E. Irvin Ave. (Yes, no, or unkown) i (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General carcinomatosis the burial-transit DUE TO (b) Carcinoma of the cecum and ascending colon 2 yr Conditions, if any, which certificate has been gave rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY 98 0 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Pert II of item 18.) OR CONTRIBUTING \_ CAUSE OF DEATH After this detached 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) factory, street, office bldg., etc.) Not While Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased from May

may be retained to DIRECTOR: After 3 should be detact P P B VR A15 (4)

REMOVAL (Specify) Burial

Res. Haven 24 THERAL DIRECTORS SIGNATURE Waynesboro, Pa.

26

Kneisley

saw the deceased alive on NOV.

23e. BURIAL, CREMATION, | 23b. DATE THEREOF

22e. SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

Hagerstown, Md. 23d. LOCATION (City, town or county) Hagerstown, Washington Co., Md.
258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

West Washington Street

a. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

ONSET AND DEATH

Indefinite

PERFORMED?

NO X

(Stete)

61

DATE NOV 3 0 '61 Cittua 9 Km

PHYS.

MED.

ATTENDING

22d. ADDRESS

PHYS.

23c. NAME OF CEMETERY OR CREMATORY

5.21 8 1

Lastgach views nespitalasi

R. B. Bucksley, 1.p.

Peril 11/29/51 Des Haves

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law, Barold C. Crowinger to S. Livin Lve.

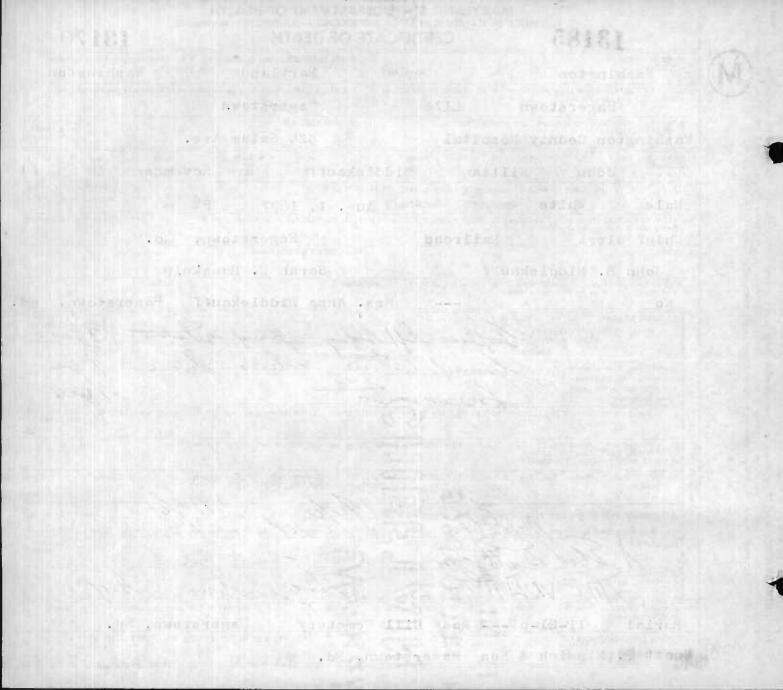
MARYLAND	STATE	<b>DEPARTMENT</b>	<b>OF HEALTH</b>

m	13185 DIVISION	CERTIFICATE OF DEATH		
1. PLACE (	OF DEATH NIV Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If ins o. STATE Marvland b. COU	

13170

o. COUNTY Washington MARYLAND	o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) John William Mid	dlekauff  dlekau
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Doys Hours Min.
Male White WIDOWED DIVORCED	Aug. 1, 1877 84 yrs.
10a. USUAL OCCUPATION (Give kind af wark dane during mast of working life, even if retired)	
Chief Clerk Railroad	Hagerstown, md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Middlekauff	Sarah E. Rouskulp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown)   (If yes, give wor or dotes of service)	, INFORMANT Address
No M	rs. Anna Middlekauff Hagerstown, md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE" (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	turn reclaims five 10 (04)  Sur NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II af item 1B.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. While Not while of work of wark	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)  (State)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 120. SIGNATURE	t death occurred of M, from the causes and an the date stated abave.
A. Wil Dath. Jr	M.D. ATTENDING MED. STAFF SIGNED  22d. ADDRESS
22c. PHYSICIAN'S NAME (Type) / TIE W / TTO	Hoyuntin My
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial 11-21-61 Rose Hill	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagersto	wn, Md. PAMEN 22'61

VR A15 (4) 15M 9/59



VR A15 (4)

15M 9/60

REMOVAL (Specify)

a. IS RESIDENCE

YES NO

1987

Hours

INTERVAL BETWEEN

ONSET AND DEATH

Indefinite

PERFORMED?

NO A

(Stata)

22b. DATE

(Stata)

SIGNED

20 min.

USA.

IF UNDER 24 HRS.

ON A FARM?

6/61 Hagerstown, Maryland Burial Cemetery REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Andrew K. Coffman, Hagerstown, Maryland. DATE NOV 1 0 181

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andrew M. Corn in H. gorerows, M. Tylland.

MA	RYLAND ST	ATE DEPARTME	NT OF HEALTH-	-BALTIMORE, 18
13187	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)						
	shington		MARYLAND	o. STATE Maru	yland	b. COUNTY	Washin	gton	
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give necrest town)			c. CITY OR TOWN	(If outside corp	orote limits, write RUS	AL and give n	earest town)		
Hagerstown Life			Hagi	Hagerstown					
			tol, give street address)	d. STREET ADDRES	d. STREET ADDRÉSS 11 West Baltimore St.				
Washingto	n County k	lospit	al D.O.A.	11 (					
3. NAME OF DECEASED (Type or print)	Firs Geo1		Middle Mason	Mose	4. DATE OF DEATH	Month Nov.	Doy 23	Year 19 61	
s. SEX Male	1.1 - 1	7. MARRIED		DATE OF BIRTH  March 10.		Anna Scientification 1	INDER TYEAR	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Delweryman  13. FATHER'S NAME				own, Md.	untry)	2. CITIZEN O	F WHAT COUNTRY		
	Carl J. Mos	e Sr.			Virgini	a Artz			
1S. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S		NFORMANT		Address			
No	r you, give war or outer or a		3-38-1584 C	arl J. Mose &	Sr. 11 W	1.Baltimore	Stolda	gerstown,	
18. CAUSE OF DEATH	[Enter only one caus	e per line fo	r (o), (b), ond (c).]				INTER	IVAL BETWEEN	
	WAS CAUSED BY: MMEDIATE CAUSE (o)  DUE TO	Frac	ture Of Skull					Stant	
Conditions, if on		Crus	hed Chest Rig	ht Side					

S. SEX 6. COLOR OR RACE 7.								
	MARRIED NEVER MARRIED 8.		9. AGE (In years IF UNDER					
	VIDOWED DIVORCED	March 10, 1942	19 yrs. Months	Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign	country) 12. CIT	ZEN OF WHAT COUNTRY?				
Deliveryman	Meat Products	Hagerstown, Md.		USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Carl J. Mose	e Sr.	Jonice Virgin	ia Artz					
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown)  1 (If yes, give war or dates of servi	(and	IFORMANT	Address					
No	218-38-1584 Ca	irl J. Mose Sr. 11	W.Baltimore St	Hagerstown, M				
18. CAUSE OF DEATH [Enter only one cause	per line for (o), (b), ond (c).]			INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Fracture Of Skull			Instant				
816 X DUE TO	Fracture of Skurr			This bant				
Condition II as (NA)	O							
gove rise to immediate couse	Crushed Chest Rig	ot Side						
(o), stoting the underlying DUE TO								
(c)	IONE CONTRIBUTING TO BE THE BUT							
FART II. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BUT NO	DI RECATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PAR	PERFORMED?				
3				YES NO				
PART II. OTHER SIGNIFICANT CONDITION  20g. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED. (En	iter noture of injury in Port I or Port II	of item 18.)					
160	r nossibly skidded	into noth of on	coming car					
20c. TIME OF INJURY Month, Day, Year		E OF INJURY (Home, form, 20f. (Cit)	y or town) (Cou	Car possibly skidded into path of on coming car.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)				
Hour While Not while I factory, street, office bldg., etc.]								
8 20 p.m. 77 22 1967	of work of work of Dia	2 15: 0 11 0 01	2 1					
	of work of work R#31.	3 Mi South of Sh	arpsburg Washi	ngton, Md.				
8:30 p.m. 11-23- 1961 21. I certify that I took charge of	f the remoins described obov	3 Mi South of She re, held on Autopsy . I	nspection x, Inquir	ngton, Md.				
	f the remoins described obov	3 Mi South of She re, held on Autopsy . I	arpsburg Washi nspection kg, Inquir ndetermined cause	ngton, Md.				
21. I certify that I took charge of death resulted from: Natural con	f the remoins described obov	, 3 Mi South of Share, held on Autopsy □, I side □, Homicide □, U	nspection X, Inquir ndetermined cause	ngton, Md y □, and find that				
21. I certify that I took charge of	f the remoins described obov	3 Mi South of She re, held on Autopsy . I	nspection X, Inquir ndetermined cause	ngton, Md.				
21. I certify that I took charge of death resulted from: Natural considerations and the signature of the sig	f the remoins described obov	, 3 Mi South of Share, held on Autopsy □, I lide □, Homicide □, U	nspection . Inquir	ngton, Md. y , and find that DATE SIGNED				
21. I certify that I took charge of death resulted from: Natural con	f the remoins described obovuses , Accident , Suic	, 3 Mi South of Share, held on Autopsy ☐, I lide ☐, Homicide ☐, U	nspection [x], Inquir ndetermined cause [] ]  11-24-6	ngton, Md. y , and find that DATE SIGNED				
21. I certify that I took charge of death resulted from: Natural countries of the surface of the	f the remoins described obovuses , Accident , Suic	3 Mi South of Share, held on Autopsy [], I cide [], Homicide [], U  _M.D. CHIEF MEDICAL EXAMINER []  ASSISTANT MEDICAL EXAMINER [	nspection [x], Inquir ndetermined cause [] ]  11-24-6	ngton, Md. y , and find that DATE SIGNED				
21. I certify that I took charge of death resulted from: Natural consideration of the constant	of work of work of R#3],  f the remoins described obov uses Accident , Suic  tto Jr.  22c. NAME OF CEMETERY OR O	3 Mi South of Share, held on Autopsy , I side , Homicide , U  M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER CREMATORY 22d. LOCA	nspection , Inquir ndetermined cause R 11-24-6	y , and find that  DATE SIGNED  (State)				
21. I certify that I took charge of death resulted from: Natural consideration and the signature EXAMINER'S NAME (Type)  220. BURIAL CREMATION, REMOVAL (Specify)  23. FUNERAL DIRECTOR'S SIGNATURE	f the remoins described obovuses . Accident . Suice  t.to . Jr.  22c. NAME OF CEMETERY OR C.  ADDRESS	.3 Mi South of Shire, held on Autopsy   , I lide   , Homicide   , U  _M.D. CHIEF MEDICAL EXAMINER    _ASSISTANT MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER    CREMATORY   22d. LOCA  Cemetery   24d. REC'D BY REGIST	nspection [ ], Inquir ndetermined cause [ ]  I	pgton, Md. y , and find that  DATE SIGNED  (State)  Maryland				
21. I certify that I took charge of death resulted from: Natural consideration of the second	f the remoins described obovuses . Accident . Suice  t.to . Jr.  22c. NAME OF CEMETERY OR C.  ADDRESS	.3 Mi South of Shire, held on Autopsy   , I lide   , Homicide   , U  _M.D. CHIEF MEDICAL EXAMINER    _ASSISTANT MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER    CREMATORY   22d. LOCA  Cemetery   24d. REC'D BY REGIST	nspection [ ], Inquir ndetermined cause [ ]  I	pare signed  (Stote)  Maryland  SNATURE				

VS. AISME(S) 5M 9/55

HIABIT NO STADRITHS CERTIFICATE OF CERTIFICATE OF CERTIFICATE	
Burger (1994) And Commission Commission (1994) And Commission (199	

within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut

death, so 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOS

15M 9/60

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1	MARYLAND STATE DEPARTMENT	OF	HEA
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LTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13188
CERTIFICATE OF DEATH

13173

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission)				
* COUNTY Washington MARYLAND	* STATE Maryland b. COUNTY Washington				
b. CITY OR TOWN (if outside corporeta limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)				
write RURAL and give neerest town)					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	A. STREET ADDRESS  6. IS RESIDENCE				
	ON A FARM?				
Western Maryland State Hospital	649 North Mulberry St. YES NO X				
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF				
(Type or print) Caprie Venora mo	JRTE DEATH NOVEMBER 27,1961				
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.					
Female White WIDOWED DIVORCED D	ec. 29,1878   Sayrs.   Months   Deys   Hours   Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?				
Housewife Own Home	Shenandoah, Page Co. Va. USA.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
James A.Lucas	Susan Gentry				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown)   (Ifyesgive werordetes of service)	NFORMANT HOSPIAN MARKET				
	s. Mattie L. Entler, 649 N. Mulberry St.				
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).)	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: LOBULER PNECE	movia, bilateral ONSET AND DEATH 3 days				
	mente principles				
Conditions, if ony, which ) DUE TO  (b) Cerebro - Vaseula.	a agridate u dans				
Conditions, if eny, which geve rise to immediate cause	e accident 4 days				
(e), stating the underlying DUE TO					
cousa last. (c) general acterio:					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?				
3 (1) Hypertension Q) old cerebrova.	seular accidents YES NO X				
# 120- ACCUSENT WAS LINDED VINC TI I 201 DESCRIPE HOW INTURE OCCUPED	(Enter nature of injury in Part I or Part II of item 18.)				
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	CE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)				
Thou a.m.	rry, straet, office bldg., etc.)				
	State of the state				
21. I certify that (I) (this hospital) attended the deceased from NOV. 16, 1961, to NOV. 27., 1961, that (I) (we) last					
saw the deceased alive on Novi 27, 1961, and that death occured at 3,5M, from the causes and on the date stated above.					
22e. SIGNATURE	ATTENDING MED. STAFF SIGNED				
Victor L. Karnes M.	D. PHYS. DIRECTOR PHYS. X Nov. 27, 1961				
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS was also marchand shall itee a ital				
NAME (TYPO) VICTOR L, Ramos, M. 2	Itagershun, mary land				
23e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY O	OR CREMATORY 123d LOCATION (City town or county) (State)				
REMOVAL (Specify) Burial 11/30/61 E.U.B. Ceme	tery Shenendach Born C. W				
Burial 11/30/61 B.U.B. Ceme 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE				
	tery Shenandoah, Page Co. Va.  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CITILING & TIME				
Andrew K. Coffman Hagerstown, Mary	land. DATE				

. bosty. a. . Trought managev. N. weathna.

DESCRIPTION OF THE a through theman supports SATE OF STREET STREET STREET STREET A BANGE OF THE SECOND S halalas puramena bilakeral Cerebro vasculae assurent \$8,300 Te general Parky marker 2215 January Contact Later to the state of the state 14 7 4 1154 STATES WAS A STATE OF THE STATES THE SHOPS PROMITED GOOD STATES French L. Frank in D. Land Espera march france Sharand D. Page Co.Va. 

VR A15 (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1.5 7.0
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before edmission
•. COUNTY WASHINGTON MARYLAND	MARYTAND WASHINGTON
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 18	THE REPORT OF THE PARTY OF THE
write RURAL and give nearest fown)	()
HAGERSTOWN   60 YRS.	NO HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM
328 S. POTOMAC ST.	1 328 S. PUTOMAC ST. YES NO 5
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) [.TI.I.TE: MAY	OF DEATH NOVEMBER 10 19 01
MAT ME	INTRK 180 FINADER 18 16
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS  last birthday)   Months   Days   Hours   Min.
FEMALE WHITE WIDOWED DIVORCED X	5/30/1880 8 1/15. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR
HOME HOME	MATOVI AND
13. FATHER'S NAME	MARYLAND U.S.A.
	IN THE PRICE OF TH
WILLIAM HENRY ROHRER	MARY E. FUNK Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes give wer or detes of service)	
NO	MISS MARY GROUND HAGERSTOWN MD.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) CONTINUES MINISTERIOR	in Harry has server to fee
DUE TO	- They
Conditions, if eny, which gave rise to immediate cause	making funds
(a), steting the underlying DUE TO	
cause last. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?
OIL VIEW CONTRACTOR OF THE PROPERTY OF THE PRO	YES NO Z
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTY  200. ACCIDENT WAS UNDERLYING  OP CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CITETHER, NOTIFY MEDICAL EXAMINER	RED. (Enter neture of injury in Part I or Pert II of itam 18.)
OR CONTRIBUTING CAUSE OF DEATH	
0	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Hour a.m.  p.m.  Not While Not Whila at work at work at work	
	m. 7 - 1 - 6.1, 19, to 11 - 1 - 1, 1961., that (I) (we) la
	nat death occured at
	aar-dearn occured ar
22a. SIGNATURE	ATTENDING MED. STAFF
how All All To	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S (NAME (Type)	22d. ADDBESS
ARE WAVITOR	Hogewhan My
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	
REMOVAL (Specify) BURTAT. 11/20/47 ROSE HI	LL CEM HAGERSTOWN MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE	M. A
10 - normen / vagenose,	DATENOV 21 '61   archur S. Kraus

MICL SUBLE THE RESERVE OF THE RESERVE OF THE PROPERTY OF

D	death. e 4 may be retained by the hospital or attending physician,	> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral	or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should	3 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, filtin 72 hours after death
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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13190 CERTIFICATE OF DEATH 13175

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution: Ras	sidanca bafora admission)
Washington MARYLAND	a. STATE Maryland Wash	ington
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	
Rural Hagerstown 19 days	03 Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
Avalon Manor Rest Home	16 W. Magnolia Ave.	ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month	Day Year
Osbourne (Type or print) Katie Virginia Osbourne	OF DEATH November	27 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y	
**	an. 21, 1886   last birthday)   Months   De	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST!		EN OF WHAT COUNTRY
done during most of working life, even if retired) House Wife Own Home	Jefferson Co. W. Va.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Daniel H. Moler	Vincinia Ctalan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Virginia Staley INFORMANT Address	
(Yes, no. or unkown) ((Ifvasnivewarordetesofservice))	ger M. Osbourn Hagerstow	n, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	-	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioler No	Phrosclerosis	ONSET AND DEATH
		175
Conditions, if any, which ) by Hypertensi	ve vesculer disease	T umi
Conditions, if any, which gave rise to immadiate causa	AT ASSECTISA DIJEGAT	2114.
(a), stating the underlying DUE TO	·	trini
	erosis-Generalized	2714.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	1 1	(a) 19. WAS AUTOPSY PERFORMED?
5 Osteo arthritis - genera	11286.	YES NO
OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NO OSTED BY THE SIGNIFICANT CONTRIBUTION CO	D. (End) natura of injury in Part I or Part II of Item 18.)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (Count	y) (Stata)
	tory, street, office bldg., atc.)	// (Jiaia)
print.	i i i i i i i i i i i i i i i i i i i	
21. I certify that (I) (this hospital) attended the deceased from.	6 Ct . 1955 to NOV . 27 , 196	$\dot{L}$ , that (I) (we) las
saw the deceased alive on	death occured at A.A.M., from the causes and on the	
22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE / SIGNED
Clard a follman.	A.D. PHYS. DIRECTOR PHYS.	11/29/61
22c. PHYSICIAN'S NAME (Dype)	22d. ADDRESS	2 /
Lloyd A: Hottman	214N Potomze ut Hzger	stown, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		(Stata)
REMOVAL (Spacify) Burial 11-30-61 Elmwood Ce	metery Shepherdstown.	W. Va.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
	m Md DATE DEC 1 '61 Cuthun S.	Thanks.
Scott F. Minnich & Son Hagerstwo	n, Ma. DAIL DEG	

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AT THE RESERVE THE PARTY OF THE

emint 11-11-11-11 Limwood Cometery Shapherdaton.

AG N. Sagoolla Sye.

compressly filled in by the funeral range of and 2 should fin 72 hours after death.

within 24 hours after

TO HE SELLAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death 1994 and be retained by the hospital or attending physician.

Yes TO FUNCRAL DIRECTOR: After this certificate has been signed by the attending physician and complexed director, page 3 should be detached for use as the burial-Iransit permit. Then please remove carbon cappe be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

## MARYLAND STATE DEPARTMENT OF HEALTH

OF TOTAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	10170
1. PLACE OF DEATH a. CQUNIY	2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission)
Washington	*. STATE Maryland Washington
b. CITY OR TOWN (if outside corporate limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give neerest town) Hagerstown 5 days	Us go not own
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS a. IS RESIDENCE
	ON A FARM?
Washington Co. Hospital	8 Glenside Ave
DECEASED	Last 4. DATE Month Day Year OF
(Type or print) ALBERT L.	PALMER November 17 1961
. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male white WIDOWED DIVORCED J	an.1,1891 To yrs. Months Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTR	
shoemaker Hagerstown Shoe	a Emodombole Co Md II C A
3. FATHER'S NAME	o. Frederack Co. Md. U.S.A.
Elman Dalman	
Elmer Palmer  5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   1	Sakah Jane Moser
Yes, no, or unkown) (Ifyesgivewarordatesofservice)	Address Hagerstown, Md.
	s. Nannie Palmer, 8 Glenside Ave.
1B. CAUSE OF DEATH [Enter only one cause per one for (a), (b), and (c).]	INTERVAL DETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Her rubbig 6 aux
332X DUE TO 011	
Condition of the CATTAIN -	ela Dis Comed 10 yr
gave rise to immadiata causa	accept the second
(a), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T PELA ED TO THEO ERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	ory, street, office bldg., etc.)
	N/0017-61 0/011111
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	death occured at
22a. SIGNATURE	ATTENDING MED. STAFF
Me secury of N	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) JN 450ach 104	Hearton, Mo.
30. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	DR CREMATORY (23d. LOCATION (City, town or county) (Stata)
REMOVAL (Specify)	
Burial Nov. 20, 1961 United Bret	
TUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Muf J Paul F Bittle Myersvill	e. Md. DATINOV 21 '61 Chilmy S. Thomas

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214-05-5764 Pre. Hangle Pelast, 8 Clenside Ave.

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Burial Nov. 20, 1961 United Brethern Mysgeville, Fred. Co. 24.

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13192

CERTIFICATE OF DEATH

			talenta Jan	
1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before edmission)
a post	М	WASHINGTON MARYLAND		ΔI
-		b. CITY OR TOWN if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If ourside corporete limits, write RURAL end s	ive neerest town)
		HAGERSTOWN 4 DAYS  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	
V	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1		WASH . CO. HOSPITAL		YES NO X
		NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Yeer
		(T	DEATH .	30 1961
1	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH 9. AGE (In years IF UNDER LY)	AR IF UNDER 24 HRS.
	1		EBROALLY - 11-1885 76 yrs. 7	
	10a	. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR		N OF WHAT COUNTRY?
1	dor	ne during most of working life, even if retired)	3 45 0	0-464
1	13.	ETIRED TIELE PHONE OPERATOR - C & P.TEL (	NEAR JOAKERSVILLE WASH . CO. 1	VID. Y O.A.
	A	HKISTIAN M. POFFENBERGER	00 4 m. ( 0 M. ) 1 10/5	
h	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	MARY ANN LINE	
	(Te	s, no, or unkown) (Ifyesgive were reference)	VANS POFFENBERGER	
		1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	TOP PENISERULE	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Coronary Thron	nbosis	instant
		11-2 4		
		Conditions, if any, which (b) Arteriosclero	tic cardio-vascular diease	10 Yrs.
		gave rise to immediate cause	ole cardio-vascular dicase	10 110.
1		(e), steting the underlying DUE TO		
1	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	e) 19. WAS AUTOPSY
4	J.		THE PERMITTER STATE OF	PERFORMED?
	FICA FICA	Lobar pneumonia  208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert   or Part    of item 18.)	YES NO
	CERTIFICATION	208. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter neture of injury in Peri   or Part II of item Ib.)	
	MEDICAL		CE OF INJURY (Home, ferm, 20f. (City or town) (County ory, street, office bldg., etc.)	(State)
	VED	Hour e.m. While Not While fact	ory, sheet, office bidg., etc.,	
		21. I certify that (I) (this hospital) attended the deceased from	1957 19 to 11/30/61 19	that (I) (we) last
			death occured atM, from the causes and on the	., , , ,
		22a. SIGNATURE 1 - 1		22b. DATE
		That her K- Varner	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
		22c. PHISICIAN'S	22d ADDRESS	20/0/03
		NAME (Type) Walter H. Shealy M. D.	Sharpsburg, Md.	15/5/91
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
		BUNGL DEC. 3, 1961 BAKERSVILLE	CEMETERY BAKERSVILLE WASH	. C6. MD.
}	24	EUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
1	1	John M. Bast Decus Boro MD.	DATE DEC 13'61 arily 2	1. Thanks
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TO DE LENGUEST - STEEN STORE STEEN S THE RESERVE OF THE PROPERTY OF SHALL WAR WARMED IN DEARING STORY IN PRINCES THE RELIGIOUS SELECTION OF THE PROPERTY OF THE PARTY OF T JESTANI Company Thrombaction Arteriose lerocio cercio-vescular di secal 10 Traalmosteru gadal Sharadours, Ed. 18/8/17 walter I shealy M. T. AND ADDRESS OF THE CHARLEST WAS DAMED TO SEE THAT THE PROPERTY OF THE PROPERTY THE MERCHANIST TACHLING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	4.04)999
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceasad lived, If institution: Residence before admission)
Washington	YLAND a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF ST	TAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 10 minu	tes Rural Williamsport RFD #2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	dress) d. STREET ADDRESS a. IS RESIDENCE
Washington County Hospital	Pinesburg Williamsport RFD2 YES NO X
3. NAME OF First Middle	Last 4. DATE Month Day Yaar OF
(Typa or print) William Richards	
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARR	IED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCE	July 16 1899 62 yrs. 4 0 Hours Min.
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retired) Western	
Attendant State Hosp:	ital Maryland U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Potts	Elizabeth R Harsh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unkown)   (Ifyasgivawarordatasofservice)	/ Jo Hobihwood Drive
No   215 09 73	58 William H. Potts Hagerstown Maryland
18. CAUSE OF DEATH [Enter only one cause per line for b), (b), and	(c).)  INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2 Con Cal Ex Janato Ou / Olymodiate
4201 DUE TO	and the supplied of the suppli
gava risa to immadiata causa	
(a), stating tha undarlying DUETO	
causa last. (c)	NTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEP	PERFORMED? YES NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA  20 20 20 20 20 20 20 20 20 20 20 20 20	Y OCCURED. (Enter natura of injury in Part I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata)
Hour a.m. Whila Not Whila	factory, streat, offica bldg., atc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceas	ed from
saw the deceased alive on 19	and that death occurred at JaM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
I talk Trong a	M.D. PHYS. DIRECTOR PHYS.   1/1/17/6/
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typ) Ralph F. Young	Williamsport Md.
238. BURIAL, CREMATION, 236. DATE HEREOF   232. NAME OF	CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Buriai Nov. 20-61 St. Pau	ls Cemetery Near Clearspring Md.
24 FUNERAL DIRECTOR'S SIGNATURE OF ACTADORESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Composition, wellow.	BOW, MI DATE NOV 20'61 ardun S. Kraus.
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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
13178

н	1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	Washington MARYLAND	6. STATE Maryland b. COUNTY Washington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	Hagerstown Life	13 Hagerstown
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE
	Washington County Hospital	2023 Virginia Ave.
N	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
	(Type or print) Elizabeth Ann Rhoade	s DEATHNovember 27 1961
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		ay 8, 1927   34 yrs.   Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Н	House Wife Own Home	Hagerstown, Md.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Crist W. Fuller	Grace V. Seibert
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I. (Yes, no, or unknown)   (Ifyesgive were rates of service)	NFORMANT Address
	Cha	rles Fuller Hagerstown, Md.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Bronchuctesus	Selected 12 yes
	526 X DUE TO	
	Conditions, if any, which \ (b) / It Mentioner	Circhia Hy bekirter 3 mo
	geve rise to immediate ceuse (e), steting the underlying DUE TO	
	ceuse last. (c) Intracay (	enception tideme 20ther
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
	(Alice	PERFORMED? YES AND
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH   200. DESCRIBE HOW INJURY OCCURED.  III EITHER, NOTIFY MEDICAL EXAMINER!	(Enter neture of injury in Pert I or Pert II of item 18.)
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour e.m.  p,m.  19  While Not While et work et work	
	21. I certify that (I) (this hospital) attended the deceased from .	Del 1 - 6/19 10/11/27, 196/, that (1) (we) last
Н	saw the deceased affive on 11 11 11 12 1, and that	death occured at
	22e. SIGNATURE	ATTENDING MED, STAFF 22b. DATE SIGNED
	M. /W Dilla M.	DIAME DIRECTOR DIAME
	22c. PHYSICIAN & NAME (Type) / F IA / / / / / / /	22d. ADDRESS
	1 AD = W (1/0/	Hoguston Mel
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
	Burial 11-30-61 Rest Have	n Cemetery Hagerstown, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256/ REGISTRAR'S, SIGNATURE
	Scott F. Minnich & Son Hagerstown	, Md. DATE DEC 1 '61 / Chilling A. The

2 4 · 5 Sashington County Sospilar Talignos Vinipia Arg. TE TI ABOUT - And - Abouten remails there was a second of the State of t long the least that long the cretemn "d. Selet W. Fullor

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Tradlet V. Salbert

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lurial 12-70-61 Hertilmyon Legotory Hargerown, Latent

Scott I. Minnigh & Bon Hamerstown, Fd. 195

# FOR STATE

TO DEX 7 MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Traveral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bearth of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY					nstitution: Rasidance bafora admission)
	ington	MARYLAND	a. STATE	vland b. coun	We shi water
	outsida corporete limits,	c. LENGTH OF STAY IN 16		(If outsida corporata limits, writa	RURAL and give nearest fown)
Hancock		50 Yrs.	X Hanacal		
d. NAME OF HOSPITA	L OR INSTITUTION (if not in	hospital, give straat address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Home		W Moin	St Hen apple 1	YES NO T
3. NAME OF	First	Middla	Last	St Han cock Month	Day Year
(Typa or print)	-		****	OF DEATH	10 .
5. SEX 10	6. COLOR OR RACE 7 MA	Belle	Rhodes.	9. AGE (In years)	IF UNDER YEAR IF UNDER 24 HKS.
	/· mo	THE TEN MAKKED	, DATE OF BIRM	last birthday)	Months Days Hours Min.
F		DWED DIVORCED 3	28.1880 Y II. BIRTHPLACE (State	a or foreign country)	
10a. USUAL OCCUPATIO done during most of worki	N (Giva kind of work ID	b. KIND OF BUSINESS OR INDUSTR	Y TI. BIRTHPLACE (State	a or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	F	Housewife	Somercet	County Penns	TT S A
13. FATHER'S NAME			14. MOTHER'S MAIDEN	County Penns	0.00.00
And	man Flates	alala assassa	M 77 (	7	
15. WAS DECEASED EVER	NOW Fleiss	16. SOCIAL SECURITY NO.   17. I	Mary E (	Griffith Address	
	as give war or dates of service)				
No	word (C-)	None M	rs Bertha	Heller Hanco	ock Md.
	WAS CAUSED BY:	par lina for (a), (b), and (c).]	4 10	1 1	INTERVAL BETWEEN ONSET AND DEATH
	MEDIATE CAUSE (a)	General CV	line //the	way Adam	e- 10 gray
4500	DUE TO /	1/ 7	4		
Conditions, if any,	which (b)	Mentel			
gava rise to immadiate	a causa				
(a), stating the und	larlying	My Vine	buleon		
	GOVERNMENT CONDITIONS	CONTRIBUTING TO DEATH BUT NO		INAL DISEASE CONDITION GIV	EN IN PART 1(e) 1 19. WAS AUTOPSY
은	1	1 1 1	Ocheron	1	PERFORMED?
5	confr	ness a whey		ur years	YES NO
PART II. OTHER S  20a. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.		SCRUE HOW INJURY OCCURED. (E	inter nature of injury in Pa	art I or Part II of item 18.)	
20c. TIME OF INJURY			CE OF INJURY (Homa, far		(County) (State)
Hour a.m.		While Not While fact	ory, shoul, office brogl, of	407	
	I took charge of the	remains described above, he	ld an Autopsy .	Inspection Inquir	y , and in my opinion
death resulted from	ALCOHOLD AND AND AND ADDRESS.				
dodn' resulted in	Training causes	The recident in said			
ACTUAL /	1 511	7	CHIEF MEDICAL		
SIGNATURE 1	11.	16 Con	M.D.	DICAL EXAMINER	MATE SIGNED
EXAMINER'S 7	7 - 11	71 1 - an	DEPUTY MEDICA	AL EXAMINER	1/6/
NAME (Type)	71- Vid	ViTIOh		, city, town, or county)	
22a. BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or country) (Stata)
Burial	11.14 67	Hopewell Met	hodist	Hopewell Son	erset Penm
23. FUNERAL DIRECTOR	~~ ********	ADDRESS	24e. RE	C'D SY REGISTRAR   24b. REGI	STRAR'S SIGNATURE
Ha. m. C	1 21, as	Homes Ch	MICH DATE	N 14'61 and	hun S. Kraus
Morrous	- Trus	Marricosos	TUALE		
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# FOR STATE HEALTH DEPL TO DEP If MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any lay is necessary, please exacute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funarel director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH DIMENTAL PROPERTY OF THE PROPERTY OF THE

1. PLACE OF DEATH  WAS SINGSTON  MARYLAND  b. CITY OR TOWN (i) qualify expenses limits,  with RUARA, and give nearest lown)  Half of ST to With  H	1. PLACE OF DEATH	II 2 VIGITES PERIPERIOR OVI 1 - 15: -1 K  - 15: -1 F  - 15: -1  - 15: -1
b. CITY OR TOWN If outside corporate limits, write RURAL and give meaned town) HEIGETS LOWT. HEIGETS LOWT. HORD ON STATE AND S		
Western Maryland State Hospid, give street address)   Control of the property of the propert	Washington Maryland	Maryland Frederick
Hagerstown  6. NAME OF NORTHAL OR INSTITUTION If not in hospital, give streat address)  8. STREET ADDRESS  9. ADTRESS  9. ADGRESS  10. ADG		c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Western Maryland State Hosp    Solid   Month   Month   Day   Year   Month   Day   Month   Day		
NAME OF   First   Middle   Law   A. DATE   Month   Day   Yest   No   To	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	
DECRASED (Type or pind)    CONTROL OF THE CONTROL O		
S. SIX    C. COLOR OR RACE   MARRIED   NEVER MARRIED   S. DATE OF BIRTH   9. AGE (In years   FUNDER 14 AR.   FUNDER 24 ARS.	DECEASED	D 0 . 1 OF
Male   Negro   Nounce   Divorce   9-9-1892   69 yrs.   Months   Days   Hours   Min.	10 Wayer 11 CILI	VODTIA201A
TO SET SUBJECT OF STATE   SUBJECT OF SUBJECT	7. MORRIED LA TREVER MARRIED L	last birthday) Months Days Hours Min.
done during most of werking life, even if refired   COntractors Helper   Fred Brick wks Virginia   U.S.A    13. FATHER'S NAME   M. MOTHER'S MAIDEN NAME   Luvenia Robinson   Reference		
To ntrectors Helper Fred Brick wks Virginia U.S. A  13. TAHERS NAME  14. MOTHERS MADDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., of unknown) (Iflyssipiuswesoredelecolsarvice) no		TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Henry Robinson   Luvenia Robinson   Luvenia Robinson   15. WAS DECEASED EVER IN U.S. ARMED FORCESS   16. SOCIAL SECURITY NO. 17. INFORMANT   Address   Address   Frederick   220-10-5554   Lucy Doozie Robinson   68 Lincolna   18. CAUSE OF DEATH [Enter only one course per line for Art Alb.), and (c).   200-10-5554   Lucy Doozie Robinson   68 Lincolna   INTERVAL SETWICEN   18. CAUSE OF DEATH [Enter only one course per line for Art Alb.), and (c).   ONE Art I DEATH WAS CAUSED by MANDIATE CAUSE (c).   MAN		ks Virginia U.S.A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ilyregivewerordelest classically everordelest everordelest everordelest everordelest everordelest everordelest everordelest everordelest.    18. CAUSE OF DEATH (Enter only one couse per line for Let/Lo), and (e).   INTERVAL SETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY WAS CAUSED BY WAS AUTOFSY PERFORMED? (e).   INTERVAL SETWEEN ONSEL AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO INTERMINAL DISEASE CONDITION GIVEN IN PART HU, 19. WAS AUTOFSY PERFORMED? (e).   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO INTERMINAL DISEASE CONDITION GIVEN IN PART HU, 19. WAS AUTOFSY PERFORMED? (e).   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO INTERMINAL DISEASE CONDITION GIVEN IN PART HU, 19. WAS AUTOFSY PERFORMED? (e).   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO INTERMINAL DISEASE CONDITION GIVEN IN PART HU, 19. WAS AUTOFSY PERFORMED? (e).   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO INTERMINAL DISEASE CONDITION GIVEN IN PART HU, 19. WAS AUTOFSY PERFORMED? (e).   PART II. OTHER TIME OF INTURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 201. (Cipy or town) (County) (Stele) While et work W	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(County)    Conditions, if env. which gave rise to immediate couse (e).   DUE TO	Henry Robinson	Luvenia Robinson
18. CAUSE OF DEATH [Enter only one couse per line for Let /kb), end (e).		INFORMANT Address Frederick
18. CAUSE OF DEATH [Enter only one couse per line for (at, b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which (b)  gave rise to immediate couse (e), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO INCURRENT (account of the per line for lost in or per line for injury in Peri line from the per line for injury in Peri line for injury injury (accounts).  20. EXTERNAL CAUSE WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO INJURY OCCURRED to PERION (accounts).  20. EXTERNAL CAUSE WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO INjury in Peri line file in its.)  PRINCE OF DEATH.  20. TIME OF INJURY  Mour e.m.  While  While  Not While  Accident Suicide Homicide		
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20c. TIME OF INJURY Month, Dey, Year 206 INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, let work le	Ex Cold of Cons	
20c. TIME OF INJURY Month, Dey, Year 206 INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, let work le	200. EXTERNAL CAUSE WAS 206. DESCRIPT HOW INJURY OCCURED	Ænter neture of injury in Pert I or Pert II of item 18.)
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  220. BURIAL, CREMATION, 220. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)  Burial 11-13-01 Fairview  Therefore Country Suicide Maryland  23. FUNERAL DIRECTOR ADDRESS  248. REGISTRAR 24b. REGISTRAR'S SIGNATURE	- 1 KIR 001 6 17	ne_
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  220. BURIAL, CREMATION, 220. DATE THEREOF PAIR OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country)  Burial 11-13-01 Fairview  Trederick Maryland  23. FUNERAL DIRECTOR ADDRESS 248. REGISTRAR'S SIGNATURE	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. P	LACE OF JULIURY (Home, ferm, 20f., City or town) (County) (State)
21. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  22e. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)  Burial 11-13-01 Fairview Prederick Maryland  23. FUNERAL DIRECTOR ADDRESS 24b. REGISTRAR'S SIGNATURE	Hour e.m. Cog is 106/ et work et work	colory greet, office bldg., etc.) Treduce to Bucket Mil
CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)  22e. BURIAL, CREMATION 22b. DATE THEREOF  REMOVAL (Specify)  Burial  11-13-01  Fairview  Trederick  Maryland  23. FUNERAL DIRECTOR  ADDRESS  248. REGISTRAR'S SIGNATURE  NOV 1 4 61		neld an Autopsy Inspection . Inquiry . and in my opinion
ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  220. BURIAL, CREMATION, 220. DATE THEREOF  REMOVAL (Specify)  BURIAL  11-13-01  Fairview  Address (Street, city, town, or country)  221. LOCATION (City, town, or country)  Frederick  Maryland  232. FUNERAL DIRECTOR  ADDRESS  248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  NOV 1 4 61	death resulted from: Natural causes . Accident . Su	icide, Homicide, Undetermined manner
ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  220. BURIAL, CREMATION, 220. DATE THEREOF  REMOVAL (Specify)  BURIAL  11-13-01  Fairview  Address (Street, city, town, or country)  221. LOCATION (City, town, or country)  Frederick  Maryland  232. FUNERAL DIRECTOR  ADDRESS  248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  NOV 1 4 61	16.	CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type)  220. BURIAL, CREMATION, 220. DATE THEREOF  REMOVAL (Specify)  BURIAL  11-13-01  Fairview  Address (Street, city, town, or county)  Prederick  Maryland  23. FUNERAL DIRECTOR  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  NOV 1 4 61	ACTUAL A TAX	ASSISTANT MEDICAL EVAMINED
EXAMINER'S NAME (Type)  NAME (Type)  22e. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, lown, or country)  22d. LOCATION (City, lown, or country)  EMPT PEDETICK  Maryland  23. FUNERAL DIRECTOR  Address (Street, city, lown, or country)  22d. LOCATION (City, lown, or country)  Frederick  Maryland  23. FUNERAL DIRECTOR  ADDRESS  248. REG'D BYRAR 24b. REGISTRAR'S SIGNATURE  NOV 1 4 61	SIGNATURE	M.D ///: /
220. BURIAL, CREMATION, 220. DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  Burial 11-13-01  Fairview  ADDRESS 240. LOCATION (City, Iown, or country)  Frederick Maryland  23. FUNERAL DIRECTOR 240. REGISTRAR'S SIGNATURE  NOV 1 4 61		7 /6/
Burial   11-13-61   Fairview Frederick Maryland  23. FUNERAL DIRECTOR ADDRESS   248. REGISTRAR'S SIGNATURE NOV 14 61		
23. FUNERAL DIRECTOR  ADDRESS  248. REC'D BY REGISTRAR'S SIGNATURE  NOV 1 4 61 Contain Proceedings	REMOVAL (Specify)	Frederick Maryland
NOV 1 4 61   Cotting & Kraus		
O.D. HICKS, III PROCETION, MA DATE		NOV 1 4 '61 archur S. Krous
	O.B. HICKS, III Frederick, MC	DATE

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# MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13197

ISION OF	STATISTICAL RESE	ARCH AND	RECORDS —	BALTIMORE 1, M
	CERTI	FICATE	OF DE	ATH

13181

1.	PLACE OF DEATH o. COUNTY		CTATE	e deceased lived. If institution:		
	Washington	MARYLAND	Maryla	and	Washington	W
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown	60 years	c. CITY OR TOWN (If outs	side corporote limits, write RUR/ town	AL and give nearest town)	
-	d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDEN	CE
	Washington County Hos		1 /	otomac St.	ON A FAR/ YES NO	W3
		*	7.7		153 🗆 140	
3.	NAME OF DECEASED (Type or print) Addie Simm	nons Roe		DATE Month OF DEATH Novembe	r 14 19	61
5.	SEX   6. COLOR OR RACE   7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24	
	Female White wipowi	ED X DIVORCED	May 19, 188:	1 last birthdoy) N	Aonths Doys Haurs M	Ain.
100	o. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUN	ITRY?
	Attendent I	Day Nursery	Crompton	n, Md.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
1	Frank Simmons		Matilda	a Waddell		i
15. (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		IFORMANT	Address		
L		20-30-8814 We	ebster Fugate	e Benton Ha	rbor, Mich.	
	1B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]	, ,		INTERVAL BETWEE	EN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	artholox hi	phrockers co		TELY .	in.
	420,0 DUE TO	General	as French sys	-0		
V	Conditions if any which \	Liters Elect	1/ /1	ease	yeer.	7.
	gove rise to immediate	Charles And Control	1 2			
	lying couse lost.	Wichel -K	T Hemus - h	cek -	3 uhs_	-
NO.	PART OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTO	DPSY D?
CATION	trobetes melletin	,			YES NO	
CERTIFI	20g. ACCIDENT WAS UNDERLYING DOBOTO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED		rt I or Port II of item 1B.)		
		-	ACE OF INJURY (Home, farm,	206 (City of town)	(County) (S	Stote)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m	April for	tory, street, office bldg., etc.)	1/	1	olole)
×	p. m. 12 Altd. 19 of wor	rk ot work	Harrie !	(tegy som	ccesti, 4	/
	21. I certify that (I) (this haspital) attend	ded the deceased fram	Rea 2 195	1. to KEV.14	, 1961, that (1) (we)	
	saw the deceased dive on 14 V. 13	196 / and that d	leath accurred at 3 2 N	R, fram the causes and	an the date stated abo	ave.
	22 SIGNATURE			Del William D	22b. DA	
	My Klewan		M.D. ATTENDING MED	CTOR PHYS.	11/15	1
	PAZC. PHYSICIAN'S Philip J. Hirs	hman. M.D.	001	59 W. Washingto	on St.	9/
			H	gerstown, Mary	land	
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 2	3d. LOCATION (City, Iown, or o	county) (Stote)	
	REMOVAL (Specify) 11-16-61	Rose Hill	Cemetery	Hagerstown	, Md.	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		A M Ind	RAR'S SIGNATURE	
S	cott F. Minnich & Son	Hagerstov	vn, md. DATENOV	17'61 arth	of S. Kraus	

VR A15 (4) 15M 9/59

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	of amount of Est		ent victor (on County line
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SE TEM	ula manii (sekon		Lorden Infam
		ancole in salid	Spart I. Minuley & dec

VR A15 (4) 15M 9/59

13198 MA	ARYLAND STATE DE STATISTICAL RESEARCH A CERTIFICA	DEPARTMENT OF HEA AND RECORDS — BALTIMORE TE OF DEATH	ALTH 1, MARYLAND
-+	MARYLAND	2. USUAL RESIDENCE (Where dece	ased lived. If institution: Reside

13182

L. CLEYOR TOWN (if outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  RURAL and give nearest town  RURAL And give neares	Washin	gton		MAR	YLAND	Mary	and	ore deceased	b. cou	ă <b>shi</b>	ngto	n	
AAME OF HOSTITAL (If one in hospital, give street oddress)   d. STREET ADDRESS   d.	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	its, write	c. LENGTH OF STAY	( IN 1b	c. CITY C	OR TOWN (If ou	utside corpo	rote limits, write	e RURAL and	give near	rest town	.)
OR INSTITUTION  409 Suman Ave	77	16.6		life tim	e	Hage	rstown	n, Ma	ryland	1. 0-	3		
NAME OF DETAILS   Diame   First   Middle   Russ   4. DATE   DEATH   No.    No	OR INSTITUTION			ddress)				n Av	Α.	1		ON A	FARM?
Russ   Death   Nov   State   Nov				Middle	-	100				Anath	Dav		
COLOTECT VIOLENCE DIDONCED DID	DECEASED	Dianne	151	1	4)		s	OF DEATH	Nov		8	1	19 61
COLOTECT VIOLENCE DIDONCED DID	5. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARR	IED	B. DATE OF B	IRTH		9. AGE (In year lost birthdo)	() IF UNDE		-	
Hagerstown, Nd.   USA	Female	Colored	WIDOWED	DIVORCI	ED 🗌	Aug	26 195				55/1		
ACHIEF'S NAME  William Russ  5. WAS DECERSEDEVER IN U. S. ARMED FORCES? The continuous of the control of the co	10o. USUAL OCCUPATIO	ON (Give kind of work	done 10b. K	CIND OF BUSINESS	OR INDUS	TRY 11. BIRT	HPLACE (Stote of	or foreign co	ountry)	12. CI	TIZEN OF	WHATC	OUNTRY?
William Russ  S. WAS DECEASED EVER IN U. S. ARMED FORCES? The dot of winder (if yet, job was or defend of winder) The dot or winder (if yet, job was or defend of yet was or defe	and the second	mg me, even in jemee	'			Has	rerstor	m. M	d.	U	SA		
18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]   18. CAUSE OF DEATH   MAS CAUSED BY BELL OF IMMEDIATE CAUSE (o)   ABPIRATION PROMOTION   ABPIRATION   ABPIRAT	13. FATHER'S NAME										-		
18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]   18. CAUSE OF DEATH   MAS CAUSED BY BELL OF IMMEDIATE CAUSE (o)   ABPIRATION PROMOTION   ABPIRATION   ABPIRAT	William	Ruce				Net	tte	Bur	net.t.				
Nettie Russ 409 Suman Ave.			RCES? 16. S	OCIAL SECURITY NO	D. 17. IN		,020			ddress			
B. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).	(Yes. no, or unknown)	(If yes, give war or dates of s			N	++40	Puga /	100 5	amon A	350			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoting the under. Iying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART III. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART III. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART III. OTHER SIGNIFICANT CONTRIBUTE COURSE.  PART III. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART III. OTHER SIGNIFICANT CONTRIBUTE COURSE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	Tin CAUSE OF DEA	Cr			-	rere	Auss •	±09 5	differit t	AG.	LINITE	DVAL DE	TIMEENI
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21. I certify that (I) (this haspital) attended the deceased from July 31 19 61 to Nov. 8, 19 61 that (I) (we) las saw the deceased alive on Nov. 18 19 61 and that death occurred of 74 M, from the causes and an the date stated above 220. SIGNATURE    ATTENDING   MED.   STAFF   11-9-61   220. DATE   SIGNED   220. Physician's NAME (Type)   Dr. Harold R. Tritch, Jr MD   22d. ADDRESS   22d. ADDRESS   23d. LOCATION (City, town, or county)   (State)		CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC		CCORREL	). (Enter notul	re or injury in r	orr I or ron	i ii or iiem ib.)				
21. I certify that (I) (this haspital) attended the deceased from July 31 19 61 to Nov. 8, 19 61 that (I) (we) las saw the deceased alive on Nov. 18 19 61 and that death occurred of 74 M, from the causes and an the date stated above 220. SIGNATURE    ATTENDING   MED.   STAFF   11-9-61   220. DATE   SIGNED   220. Physician's NAME (Type)   Dr. Harold R. Tritch, Jr MD   22d. ADDRESS   22d. ADDRESS   23d. LOCATION (City, town, or county)   (State)	3 20c. TIME OF INJUR		or 20d. IN	JURY OCCURRED	20e. PLA	CE OF INJUI	Y (Home, form,	20f. (City	or town)		(County)		(Stote)
21. I certify that (I) (this haspital) attended the deceased from July 31 19 61 to Nov. 8, 19 61 that (I) (we) las saw the deceased alive on Nov. 18 19 61 and that death occurred of 74 M, from the causes and an the date stated above 220. SIGNATURE    ATTENDING   MED.   STAFF   11-9-61   220. DATE   SIGNED   220. Physician's NAME (Type)   Dr. Harold R. Tritch, Jr MD   22d. ADDRESS   22d. ADDRESS   23d. LOCATION (City, town, or county)   (State)	Hour o.m.	None 19			foc		ffice bldg., etc.	1	100		_		-
saw the deceased alive on							1	0.7	3.7	0	07.4		
220. SIGNATURE  ### ATTENDING MED. PHYS.   11-9-61  220. PHYSICIAN'S NAME (Type)   Dr. Harold R. Tritch, Jr MD  220. PHYSICIAN'S NAME (Type)   Dr. Harold R. Tritch, Jr MD  220. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (Stote)  230. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (Stote)  24. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   25o. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE													
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22c. PHYSICIAN'S NAME (Type) Dr. Harold R. Tritch, Jr MD 22d. ADDRESS 22d. LOCATION (City, town, or county) (Stote)  Removal (Specify) Burial 11-10-1961 Rose Hill Cemetery Hagerstown Md.  24. FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR 256. REGISTRAR'S SIGNATURE	1/1		1-	-0		ATTENI	DING . ME	D ;	STAFF		77.0		SIGNED
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Burial   11-10-1961   Rose Hill Cemetery   Hagerstown Md.  A. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	23o. BURIAL, CREMATIC	N, 23b. DATE THERE	OF	23c. NAME OF CEA	METERY O	R CREMATOR	Υ	23d. LOCA	TION (City, tow	n, or county	)	(Stot	e)
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-	2-8-62 a		LAND			ENT OF HEALTH		LTIMORE, 1		1401	,
1.	PLACE OF DEATH	13199		CLRII	1107	2. USUAL RESIDENCE (WI		ed lived. If instituti		ce before or	5 Imission)
1	o. COUNTY Washington	, Ft Ritch	Le. C	ascade MARY	LAND	o. STATE Marvl		b. COUNTY	shingt		7 7
	b. CITY OR TOWN ( RURAL and give n	If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF					lown) San
_	Ft Ritchie	Md.				Fort Ritchi	e//Ma	ry Vand	umber	rland	0100-
	OR INSTITUTION	spensary,	put that	oddress)	377	d. STREET ADDRESS				e. IS	RESIDENCE
	NAME OF	spensary, fi		Middle				rowning S			S NO
	(Type or print) R	aymond L:	ionel	Schanhe		Lost	4. DATE OF DEATE	Mor NOV	r	28	Year 19 61
	SEX	_		IED NEVER MARRI		8. DATE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS.
_	Male	Cau	WIDOWE		PROPER	28 Aug 1914		47 yrs.			
100	during most of work	king life, even if retired	1	US Army	R INDUS	Green Spr				ted S	HAT COUNTRY
13.	FATHER'S NAME				1	14. MOTHER'S MAIDEN N			OILL	oed p	ua ues
1	Herbert R	Schanholtz				Deceased					
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR Ill yes, give wor or dotes of a To present	ervice)	SOCIAL SECURITY NO		NFORMANT	de h	Add		TON	
=		ATH [Enter only one co				om Army Recor	us by	WILLIAPPI	I CUZ.		L BETWEEN
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CERTIFICATION			1			NOT RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature of injury in f	art I or Po	rt II of item 18.)			
MEDICAL		Y Month, Day, Yes	While	NJURY OCCURRED Not while	20e. PL/ fac	ACE OF INJURY (Home, farm tory, street, office bldg., etc.	20f. (Cit	y or town)	(C	ounty)	(Stote)
	21. I certify th	at I attended the	decease	ed from		, 19, to		, 19	,that I I	ast saw t	he deceased
	alive on 28	November	, 12_(	51, and that	death	occurred at 4:50 1	M, fra	m the causes a	ind an th	e date s	tated abave
	ACTUAL C	tion o	-	7	+	me	ADDRESS (S	Street, city or town,	stote)		DATE SIGNED
	ACTUAL SIGNATURE	wick y		enorso	apr	Fort Ritch	ie, Ca	ascade, M	aryler	nd 28	Nov 61
ì	PHYSICIAN'S PA	TRICK J FEF	RARO,	CAPT., MÓ		Fort Ritchi	Le, Mo	d. US Arm	y Disp	pensar	y
220		N. 22b. DATE THEREC	61	Rest Lawr		CREMATORY Morial Cemete		Cumberlan		Mo	State)
23.	FUNERAL DIRECTOR	S SIGNATURE	W	aynesboro,	Peni		8Y REGIS		Trains SIG	S. Krauk	0
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	MARYAND STATE DEPARTMENT OF HEALTH-BE
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1.	a. COUNTY	H				2. US	JAL RESIDEN	ICE (Where c	deceesed lived, If b. COU		Residence	before edmission
	WASHI				MARYLAN		MARYLA			W.		NGTON
	b. CITY OR TOWN write RURAL e	(if outside corpora nd give neerest to		c. 1	LENGTH OF STAY IN	1b c. C	ITY OR TOWN	(If outside cor	porate limits, wri	ite RURAL en	nd give ne	eerest town)
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3	. NAME OF	ENCE	First		Middle		CLEAR .	SPRING 4. DATE	i, IVII)	th	Day	Yeer
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	S. SEX	6. COLOR OR	R RACE 7.		NEVER MARRIED	8. DATE O			9. AGE (In years last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HR
	MALE	WHITE		IDOWED [	DIVORCED	1/10	/1872		89/15.	MOIIIII	26	Hours Min
	On. USUAL OCCUPA	TION (Give kind	of work	106. KIND O	F BUSINESS OR IND			inty & State, o				WHAT COUNT
İ	RETTRE			FAR	MING	W.	ASHING	TON CO	DUNTY	U	.S.A	
1	3. FATHER'S NAME					14. MO	THER'S MAIDEN	NAME				
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1	5. WAS DECEASED	VER IN U.S. ARM	ED FORCES	2 116 5001	AL SECURITY NO.				Addres			
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	les, no, or unkown)	(If yes give we rord			AL SECORITI NO.			. SEI			1.	CLSPG.
_	18. CAUSE OF	DEATH [Enter of	dates of service	ise per line for	r (e), (b), end (c).}	FRAN		. SEI	BERT, F			CLSPG.
_	18. CAUSE OF	DEATH [Enter of	dates of service	ise per line for		FRAN		. SEI			ONS	CLSPG.
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NOIT A DESTRETANT	18. CAUSE OF PART I. DEA Conditions, if a gave rise to imme (e), stelling the cause last.  PART II. OTH OP. CONTRIBUTIN (IF EITHER, NOTIL 20c. TIME OF IN Hour e.m p.m 21. I certify saw the dece	DEATH [Enter of the content of the c	DUE TO  (c)  CONDITION  GG  20  DEATH MINER)  DUE TO  19  CONDITION	ARTERIO  S CONTRIBL  20d, INJUR  While at work  attended	T (e), (b), end (c).]  MYOCARDITI  DSCLEROTIC I  UTING TO DEATH BU  NONE HOW INJURY OCCURRED  TY OCCURRED  TY OCCURRED  THO While et work  The deceased from	FRANDS  S  HEART DI  IT NOT RELATED  URED. (Enter ne  PLACE OF IN. fectory, street, om. Deca that death	SEASE  D TO THE TERM  JURY (Home, fai, office bldg., et	Pert I or Pert  Im, 20f. (Ci c.)  19, to	ECONDITION GI II of item 18.) by or town)  NOVA6	IVEN IN PAR	ONS unl unl unl unl 17 1(e) 19 YI	ET AND DEATH KNOWN  KNOWN  WAS AUTOPS PERFORMED? ES NOX

Mayard R. Kowland CLEAR SPRING, MD.

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INTERVAL BETWEEN
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI  13201 CERTIFICATE OF DEATH  13	RYLAND 185
1)	PLACE OF DEATH a. COUNTY  WAS HINGTON B. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  HAGERSTOWN  2. USUAL RESIDENCE (Where deceased lived, If institution: Resider a. STATE  MARYLAND  WAS HINGT( c. CITY OR TOWN (If outside corporate limits, write RURAL and give HAGERSTOWN)  HAGERSTOWN	
3.	HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  WASHINGTON CO. HOSPITAL NAME OF DECEASED (Type or print)  NELLIE ROY SHANK  HAGERSTOWN d. STREET ADDRESS  232 BELL VUE AVE. OF DEATH NOV. 1.	a. IS RESIDENCE ON A FARM? YES NOTE Yeer
10 d	SEX O. COLOR OR RACE 7. MARRIED NEVER MARRIED SEPT. 10, 190 Set birthdey) FEMALE WHITE WIDOWED DIVORCED SEPT. 10, 1910  OB. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired) HOUSE WORK  OB. COLOR OR RACE 7. MARRIED NEVER MARRIED SEPT. 10, 1910  OB. DATE OF BIRTH  SEPT. 10, 1910  SEPT. 10, 1910  SEPT. 10, 1910  FRONT ROYAL, VA.  12. CITIZEN COLOR OF ROYAL, VA.  U	
15	PART I. DEATH WAS CAUSED 8Y: Agust e Dilatation might went might	MD TERVAL BETWEEN NSET AND DEATH
	Conditions, if eny, which geve rise to immediate couse (a), steting the underlying cause last.  DUE TO  (b) Pulmonary Emphysema  1  DUE TO  (c) Bronchial Asthma.	18 months
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  None  20e. Accident was underlying   20b. Describe how injury occured. (Enter neture of injury in Pert I or Pert II of item 18.)  OP CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES MO
MEDICAL	20c. TIME OF INJURY Month, Dey, Year Hour s.m.  p.m.  19  20d. INJURY OCCURRED While Not While et work at wore work at	(Stete)
1	saw the deceased alive on 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	226. DATE 5-61 SIGNED
	33. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  BURIAL  11/17/61  SHANKTOWN CEMETERY  SHANKTOWN  ADDRESS  Mangaret R. Nov 2 1 '61  April 23c. Name of CEMETERY OR CREMATORY  SHANKTOWN  CEMETERY  SHANKTOWN  ADDRESS  DATE NOV 2 1 '61  Collar SPRING, MD.	(State)  MD •  ATURE

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AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY WASHING DIT d be ath. NIARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, in by the s f and s c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Pages I are during after d HAGERSTOWN HACERSTOWN

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? YES NO 16 NORTH 3. NAME OF Middle papel DECEASED OF compl DEATH 1961 C (Type or print) NOVEMBER carbon withi 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH MARRIED NEVER MARRIED last birthday) physician and Deys Months Hours WIDOWED V DIVORCED yrs. remove 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) TRED. CO. MD UILDING please FATHER'S NAME .5 aftending and ROSSNICKLE Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ova (Yes, no, or unkown) | (Ifyes give were r detes of service) SHEPLEY CLEARSPRING EDWARD g physician. signed by the C. MO. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: due. IMMEDIATE CAUSE (e) burial-transit i DUE TO has been Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause lest. the (c) certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z use 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20f. (City or town) 20d. INJURY OCCURRED I 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While et work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from U.C. 19......, and that death occured at M.M., from the causes and on the date stated above. saw the deceased alive one 22b. DATE 22e. SIGNATURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. 4 M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c. REMOVAL (Specify) J. .19 BURIAL 256. NOV 1 3 6 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) NOV 1 3 OONSBORD DATE

MARYLAND STATE DEPARTMENT OF HEALTH

HAT ERSTOWN TO BE DAVE THE DAVE TO SENTENCE TO SELECT ON STREET MALE College Canada Managara Managara Canada Son Acade Managara Canada C ELTERY LE SHERREY LE MANGRASHE THE THE MALE WHITE TO X THE APRIL SO 1855 THE TANK METERO COSTOOTAN AFTE LOUISING MYERSTILLE THEN CO. MO WAY SURAN C. SHEELEY SUSAN CRESHER THE COUNTY OF PLANT OF ASSESSED ASSESSED AND THE PROPERTY OF THE PARTY FURBLE OF PROF PRINTING CONSTAND REDUNERS SIEF I NO

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before edmission) Ity is necessary, all director. Page for your files. a. COUNTY e. STATE b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) State Board of 1 write RURAL and give nearest town Hancock Life Hancock Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE lera ON A FARM? 2 with the State 522 Route in Corp.limits YES NO [ NAME OF Last 4. DATE Month Day Yaar "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the xaminer's Office along with form PM3. Page 5 may be retaused as a burial-transit permit. File pages 1 and 2 with the 5 ion, or removal, and in any event within 72 hours, effer delian, DECEASED OF (Typa or print) DEATH Roscoe Shives 19 Quincy 61 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED XNEVER MARRIED last birthdey) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Tax Collector Tax Collegtor Hancock Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Elizabeth Andrews MEDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyasgivewerordelasofservica) No 5992 Mrs Maude L Shives Hancock Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 4120,0 DUE TO Conditions, if any, which geve rise lo immadiate ceuse Medical Examiner's DUE TO (a), steting the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? sase execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremating the communication of the NO L 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Stata) fectory, street, office bldg., etc.) Whila Not While et work el work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S pinous NAME (Type Address (Street, city, town, or county) 220. BURIAL, CREMATION 22d. LOCATION (City, lown, or country) CEMETERY OR C (State) REMOVAL (Spacify) g40 g 0 Burial Presbyterian Warfordsburg Fulton Penn | 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S STENATURE 23. FUNERAL DIRECTOR DEC 4 arting d. Thrown VS. A15ME '61 5M 7/59

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Company, Middletown,

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	13	3204	CERTIFI	CATE OF DEATH	Reg. Dist. No.	3188
1. (	PLACE OF DEATH b. COUNTY Washi	ngton	MARYLAN	II O STATE	ceased lived. If institution: Residence before b. COUNTY Frederi	odmission)
-	b. CITY OR TOWN (IF RURAL ond give neo Boons)	· · · · · · · · · · · · · · · · · · ·	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside Burkitts	corporate limits, write RURAL and give near	est town)
R	d. NAME OF HOSPITA eeder Nur	l (If not in hospitol, give stre sing Home		d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Sarah	B • Middle	5/1/2V 4. D.	ATE Month Doy F 11	Yeor 1961
_	emale	white wood	ARRIED NEVER MARRIED DIVORCED	8/3/1874	9. AGE (In years lost birthday) Months Doys	Hours Min.
100	during most of working housekee	ig life, even if refired)	ob. KIND OF BUSINESS OR IN OWN home	NDUSTRY 11. BIRTHPLACE (Stote or fore Maryland	eign country) 12. CITIZEN OF	WHAT COUNTRY
	Charles			M. Anna Ga	ans	
15.  Yes		IN U. S. ARMED FORCES? yes, give war or dates of service)	16. SOCIAL SECURITY NO. 1	Mrs. H.B. White	Address	
Z	Conditions, if any gove rise to im cause (o), stoting th lying cause lost.	mediote DUE TO (c)	Cardin	wayar col	ISEASE CONDITION GIVEN IN PART 1(0) 19.	AND DEATH
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY N	UNDERLYING [] 20b. [		IRRED. (Enter noture of injury in Port I o		PERFORMED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Wh		PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	(County)	(Stote)
	21. I certify that alive on N	t I attended the dece	ased from and that de	ath occurred at 8:45AM,	from the causes and on the date (555 (Street, city or town, store)	
	PHYSICIAN'S NAME (Type)	Conj.	2 6. EKY	FF Hager	stown, Md.	
220	BURIAL, CREMATION REMOVAL (Specify) DUTIAL	, 22b. DATE THEREOF	Union Cem		LOCATION (City, town, or county)	(Stote)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1200: CERTIFICATE OF DEATH

1. PLACE OF DEATH				10100
e. COUNTY		2. USUAL RESIDENCE (	Where deceased lived, If instit	ution: Residance before edmission)
Washington	MARYLAND	a. STATE Md.	b. COUNTY	Washington
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		tsida corporata limits, write RUF	
write RURAL end give neerest town)		X		
Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	2 mo.	Highfield d. STREET ADDRESS		e. IS RESIDENCE
		1		ON A FARM?
Western Md. State Hospit		Box 114		YES NO
NAME OF First DECEASED	Middle	Lest 4.	DATE Month	Dey Year
(Typa or print) CHARLES	EDGAK S	MITH	DEATH NOV	13 1961
. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED B.	DATE OF BIRTH	1 . 1 . 1 . 1	NDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW	ED DIVORCED A	ug. 8, 1885	76 yrs. Mo	nths Days Hours Min.
	KIND OF BUSINESS OR INDUSTRY		State, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if retired)  Rail Road	Western Md.	Frederick (	in. Md.	U.S.A.
3. FATHER'S NAME	10000111 114	14. MOTHER'S MAIDEN NAM		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Charles W. Smith		Elizabeth V	Varner	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO. 17. 17	NFORMANT	Address	
Yes, no, or unkown) (Ifyes give wer or dates of service)		s. Alma L. Sm	th Highf	ield, Md.
18. CAUSE OF DEATH [Enter only one cause per		D. ALLIA D. OIL	ron night.	INTERVAL BETWEEN ,
PART I. DEATH WAS CAUSED BY:			1	ONSET AND DEATH
IMMEDIATE CAUSE (e)	racmone	ary embo.	US	ten minu
420.0 DUE TO	1	0		
Conditions, if eny, which geve rise to immediata ceusa	recuscienotic,	HEART DISE	ase	unknewn
(a), steting the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN II	PART 1(e) 19. WAS AUTOPSY PERFORMED?
	(3) Huper	tensive cardio	vaseular, Dis	EASE YES NO X
(1) Paralysis Agitans	COURT HOW IN HIS TOP OF COURT	(Catan nature of injury in Dant	or Part II of item 18.)	
1) Paralysis Agitains 200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURPOCCURED.	(criter neture of injury in ran		
	. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm, ;	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. Hour a.m. Whi	. INJURY OCCURRED   20e. PLACileNot While facto			(County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. Hour a.m. Whi	. INJURY OCCURRED 20e. PLACile Sork at work	CE OF INJURY (Home, farm, pry, street, office bldg., etc.)	20f. (City or town)	
20b. ACCIDENT WAS UNDERLYING   20b. DE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19  21. I certify that (I) (the benital) after	. INJURY OCCURRED   20e. PLACE   20e. PLACE	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	., 19 (a. /, that (I) (we) last
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. Whi et wo	. INJURY OCCURRED   20e. PLACE   20e. PLACE	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	., 19 (a, that (I) (we) last on the date stated above.
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 et wo	. INJURY OCCURRED 20e. PLACE fectors at work 10 model the deceased from 19.6, and that	ce OF INJURY (Home, farm, farm	20f. (City or lown)  7/, to //-/5-  M, from the causes and	., 19 (a. /, that (I) (we) last
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. 19 20d. Whi et wo 21. I certify that (I) (this happital) attentions the deceased alive on. 22a. SIGNATURE	. INJURY OCCURRED 20e. PLACE foctors at work 10 model the deceased from 19.6, and that	ce of INJURY (Home, farm, rry, street, office bldg., etc.)  9-13-2, 190  death occured at	20f. (City or lown)  7/., to //-/5- M, from the causes and	., 19 (a that (I) (we) last on the date stated above
20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that (I) (this begits) after saw the deceased alive on	. INJURY OCCURRED 20e. PLACE foctors at work 10 model the deceased from 19.6, and that	death occured at	20f. (City or lown)  7/., to //-/5- M, from the causes and	on the date stated above  22b. DATE SIGNED
20c. TIME OF INJURY Hour s.m. p.m. 19 21. I certify that (I) (this hapital) after saw the deceased alive on	injury OCCURRED 20e. PLAC factors while at work 10 mded the deceased from 19.6.1., and that 23c. NAME OF CEMETERY C	death occured at	20f. (City or lown)  A., to 1/-15- M, from the causes and STAFF STOR PHYS. STAFF AVE HAGE  3d. LOCATION (City, lown of	on the date stated above  22b. DATE SIGNED  35 TOWN (County) (Stete)
20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19  21. I certify that (I) (this happital) attentions the deceased alive on	. INJURY OCCURRED 200. PLACE factors while at work indeed the deceased from	death occured at	20f. (City or lown)  A., to	on the date stated above  22b. DATE SIGNED  35 TOWN (Stete)  Co., Md.
20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that (I) (this benital) after saw the deceased alive on  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  22d. PHYSICIAN'S NAME (Type)	injury OCCURRED 20e. PLAC factors while at work 19.6, and that 23c. NAME OF CEMETERY CO.	death occured at	And the causes and store Phys. Land Color City, town of the causes and store Phys. Land City, town of the cause and the causes and the causes and the causes and the causes are caused by the causes are caused by the cause of the cause of the cause of the causes are caused by the cause of the cau	on the date stated above  22b. DATE SIGNED  35 TOWN Mole  county) (Stete)  Co., Md.

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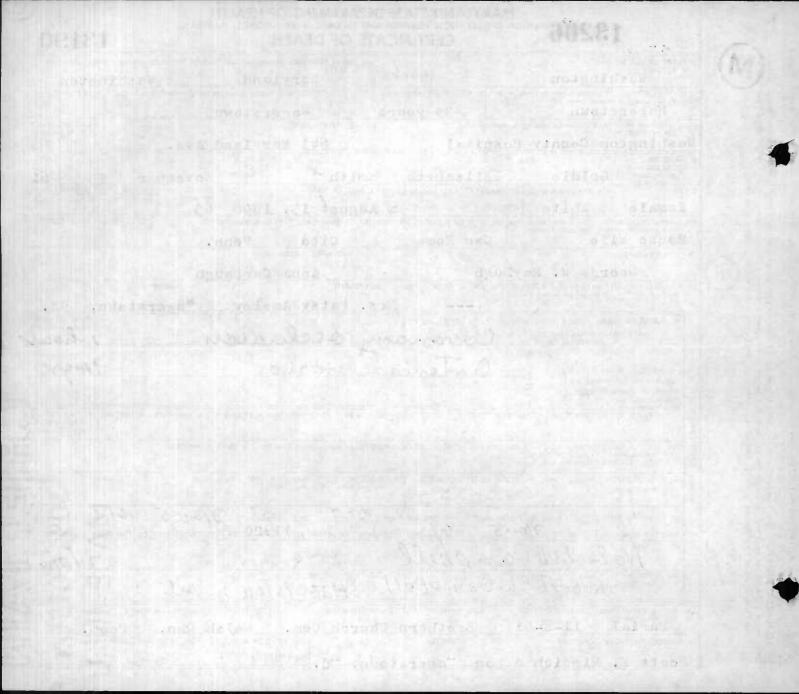
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1	RAI	the State Baord of Health priar to burial, cremation, or removal, and in any event within 72 haurs offer death.
OSP	NE 3	Stat
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TO HOSPING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	TO FUNERAL DIRECTOR: After this certification provided by the ottending physician and completely filled in by the funeral director.  TO FUNERAL DIRECTOR: After this certification is greatly as a property of the provided physician and completely filled in by the funeral director.  Doge 3 Natural Directors of the burial-fronsit permit. Then please remove carbon popers. Pages I and 2 shauld be filled with	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

1. PLACE OF DEATH D. COUNTY Washington MAR	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STA'	
RURAL and give nearest town)	03
	ears Hagerstown
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Washington County Hospital	841 Maryland Ave. YES NO
3. NAME OF DECEASED (Type or print) Goldie Elizabeth	le Last 4. DATE Month Doy Yeor
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARR	
Female White WIDOWED DIVORCE	lost birthdoy) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
House Wife Own Home	Cito Penn.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gaanga W Naviburk	
George W. Mayhugh	Anna Carbaugh O. 17. INFORMANT Address
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, ar unknown) (If yes, give war or dates of service)	The state of the s
	Mrs. Patsy Amsley Ragerstown, Md.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c	interval between
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o) COVOY	and occurrent
	2/010
Conditions, if ony, which gove rise to immediate (b)	LOS CLINOSIO 110 97
couse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YES NO
	OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Sto
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Storotory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased	d fram Oct 1957, to Nov 5, 1961, that (1) (we) la
sow the deceased alive on 7/0 5 196/, and	d that deoth occurred of 11 12 ConPthe couses and on the date stated abov
Robert Vh Campbel	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.   11/7/6
22c. PHYSICIAN'S NAME (Type) RoberTVL. Campbe	ell Hagers Town md.
	METERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Burial 11-8-61 Brether	en Church Cem. Welsh Run. Penn.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
in the second se	
Scott F. Minnich & Son Tager	stown, Md DATENOV 9 '61 Chilling 8, Kning



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13207 CERTIFICATE OF DEATH

13191

e. COUNTY			2. USUAL RESIDEN	CE (Whare dac		utlon: Residanc	a batore admi	ssion)
Washin	gton	MARYLAND	a. STATE Mar	yland	b. COUNTY	Washi	ington	
b. CITY OR TOWN (if outside	corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corpor	reta limits, write RUF	AL end give n	eerest town)	
write RURAL and give nee Hagerstown	orași iowii)	most of life	13	Hagerst	own			
d. NAME OF HOSPITAL OR II	NSTITUTION (if not in ho	spital, give street eddress)	d. STREET ADDRESS				a. IS RESID	
Washington Co	ounty Hospit	al	1422 P	otomac	Ave.		YES NO	
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey	Year	
(Type or print)	JESSIE	LORENA S	MITH	OF DEATH	November	25	1961	
5. SEX   6. COL	OR OR RACE 7. MARRII	ED NEVER MARRIED 8	. DATE OF BIRTH	9.	AGE (In yeers   IF U		IF UNDER 24	HRS.
Female Wh:	ite wow	ED DIVORCED F	ebruary 1, 1	900	67 yrs.	nths Deys	Hours A	Ain.
10a. USUAL OCCUPATION (Giv	e kind of work 10b. K	CIND OF BUSINESS OR INDUSTR			preign country)	12. CITIZEN O	WHAT COU	NTRY?
Deputy Clerk	Ci	cuit Court	Wilson Dia	strict.	Md.	U.S.A	1.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN		EURYLLIN			
George	S. Fockler		Lau	ra Kate	Mitchell			
15. WAS DECEASED EVER IN U.S (Yes, no, or unkown)   (Ifyesgiver		SOCIAL SECURITY NO.   17. 1	NFORMANT		Address			
no		20-18-0025	Heorge H. Sm:	ith	Hagerston	wn. Md.		
18. CAUSE OF DEATH		line for (a), (b), end (c).]			0	INT	ERVAL BETWE	
PART I. DEATH WAS C	TE CAUSE (a) MY	00249151	fzilu	r a		014	2 hrs	,
442V	DUE TO							
Conditions, if any, which	) (b) A+1	Pertensiv	r Gargio	VZSC	vier Dis	e252	2 4 15	
gave rise to immediate ceusa	POLICE TO							19
(a), steting the underlying ceuse lest.	(6)					11112		
Z PART II. OTHER SIGNIFIC	CANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVEN IN	N PART 1(a)   19	. WAS AUTO	
ATIO						Y	PERFORMI ES NO	ED?
PART II. OTHER SIGNIFIC  DECEMBER 1. OTHER SIGNIFIC  20a. ACCIDENT WAS UNDE  OR CONTRIBUTING CAUS  ULIF EITHER, NOTIFY MEDICA		CRIBE HOW INJURY OCCURED	. (Enter neture of injury in F	Pert I or Part II o	of item 18.)			29
OR CONTRIBUTING CAUS	L EXAMINER)							
3 20c. TIME OF INJURY M			CE OF INJURY (Home, ferm		or town)	(County)	(Sta	ia)
20c. TIME OF INJURY M. Hour a.m.	19 While		ory, streat, office bldg., etc.	')				
Print.		ided the deceased from	NOV 25	1961 to	NOV-25	196 / 11	nat (I) (we	) last
		19.6 , and that						
22e. SIGNATURE	1 11						, 22b. D.	ATE
Non La.	1 Lollin	en M		AED. DIRECTOR	STAFF PHYS.	. 101	1/27/1	IGNED
22c. PHYSICIAN'S	NII	P :=	22d. ADDRESS	,	, ,,			1
NAME (Type) L/0	19 4. HO	Frmen	214M. PO	tomac	- St . H 2	gersto	wn, t	ne
23a. BURIAL, CREMATION, 231	b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, town or	county)	(Stata)	
REMOVAL (Specify) Burial	11/28/1961	St. Paul's C	emetery	St. I	aul's	Ma	ryland	
24 FUNERAL DIRECTOR'S SIGNA	ATURE	ADDRESS		D BY REGISTR	AR 256. REGISTR	AR'S SIGNAT	URE	
R. Franklin Hong	runeral nom	Hagerstown,	Md. DATHOL	129'61	arthur	S. Hraus		

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 RFD2 20 yrs. Rural Williamsport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Pinesburg Pinesburg 3. NAME OF Middle DATE DECEASED OF (Typa or print) DEATH Bertha Mary Stalev 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White Julya 17 Female WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working lifa, avan if retirad) Rubber Co. Maker Rubber Heels Williamsport Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Chrisman Sarah Rowe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) [ (Ifyesgivawarordatesofsarvice)

Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Williamsport RFD #2 a. IS RESIDENCE ON A FARM? YES NO Yaar Nov. 19 IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Hours & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A Pinesburg Williamsport Doris Hareford No Md RFD 18. CAUSE OF DEATH [Enter only one cause per lina for (1), (b), and (c). INTERVAL BETWEEN AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immadiata causa DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 4 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 1B.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY, (Homa, farm, ) (County) (Stata) factory, streat, offica bldg., atc.) Whila Not While Hour a.m. at work 19 ....., that (I) (we) last 21. I certify that (I) (this hospital) ed the deceased from. and that death occured a :15H, from the lauses and on the date stated above. saw the decesed alive on 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PMYSICIAN'S NAME (Type) Young Williamsport, Maryl Ralph B and 23c. WAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEPEO (Stata) REMOVAL (Specify) Williamsport Greenlawn Cemetery Md. Burial Nov ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Williamsport. Md. DATNOV 8 arillar S. House

by the and 2 death. þ physician 940 please .5 attending Then oval the certificate as prior for the After this detached may be retain DIRECTOR: director, page to be filed with the FUNERAL VR A15 (4) 15M 9/60

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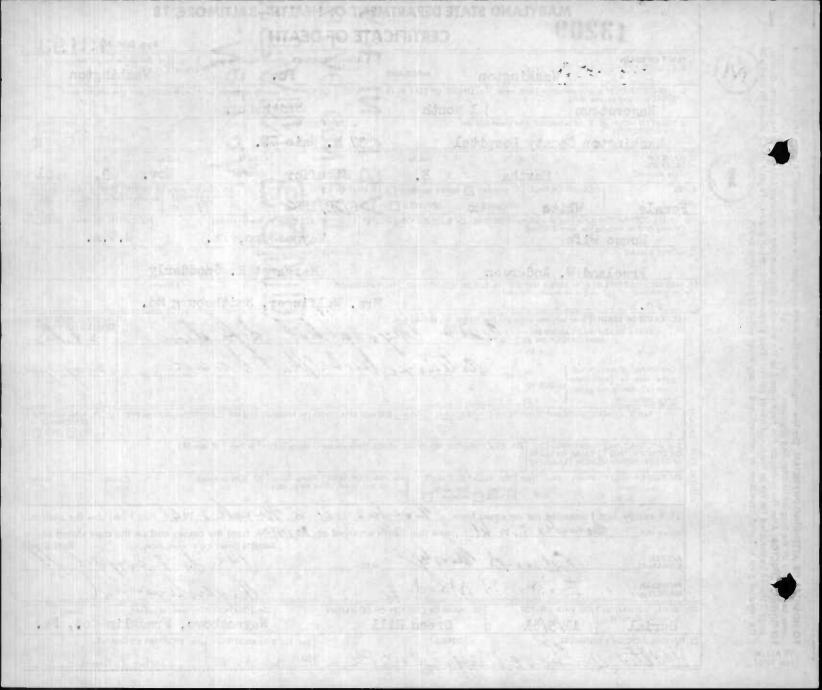
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

ON A FARM?

YES NO

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Washington o. STATE b. COUNTY Wash . MARYLAND Md. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 5 by ears 4 Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Northern Ave. Northern Ave. NAME OF Middle 4. DATE Last Month DECEASED Leenholm Strong George DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) white March 29, 1910 male WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) construction wok. Tokyo, Japan civil engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George V. Strong 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 579-05-6057 ves

Nov. 61 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys 12. CITIZEN OF WHAT COUNTRY? U.S.A. Gerda Loenholm Mrs, Mary Strong, Hagerstown, Md. 1B. CAUSE OF DEATH [Enter only one couse per line for ], (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONDIDIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work p. m. 21. I certify that (1) (this haspital) attended the deceased from 18 Jan. 12.59, to 18 Nov. 19.61, that (1) (we) last saw the deceased alive an 18 Nov. 19 61, and that death accurred at \_\_\_\_\_M, from the causes and an the date stated above. SIGNED ATTENDING MED.
DIRECTOR STAFF PHYS. PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) RICHARD T. BINFORD, POTOMAC AVENUE, HAGERSTOWN, MD. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 230. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Arlington Nat. Cem. Ft. Myer, 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Scott F. Minnich & Son, Hagerstown, Md DATE 22'6

be filed the funeral shauld be fi 2 6 filled ages death campletely after papers. and upo 2 a Car physici With remave 0 please the þ remayal, permit. gned burial-transit has been emation, attending certificate this After detoched DIRECTOR: D Ĭ m 0

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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe	cute to prificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funerial pactor. Page 4 should be	forv	O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, gremation,	or removal
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Historic writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funer detail. Page 4 should be		INERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, Cremation,		
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

g, Dist. 1.3195	DEATH
g, Dist. No.	CAIN

1.	PLACE OF DEATH O. COUNTY Washington MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  b. County Maryland  b. County Washington							
	b. CITY OR TOWN (If outside corporate limits, write RURAL   C. LENGTH OF STAY IN 1b					c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
	and give nearest town						rporate limits, write	KUKAL ON	d give n	earest la	wn)	
-	Hagerst			20yrs,		rstown	n		W.		1	
				pital, give street address)		ADDRESS			- 1		e. IS R	A FARM?
K		Potomac St	reet		22 N	lorth 1	Potom	ac Street			YES [	NO
3.	NAME OF DECEASED	Fir		Middle		ost	4. DATE	Manti	h	Day	1	lear .
	(Type or print)	Guy	Th	nornton	Stultz		OF DEATH	Nove	mber	7	1	961
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIR	TH		9. AGE (In years fast, bigthday)	IF UNDER			ER 24 HRS.
	M	W	WIDOWED	DIVORCED M	Jan.	8, 189	9555	66 yrs.	Months	Days	Hours	Min.
100	USUAL OCCUPATIO	N (Give kind of wark	dane 10b. K	IND OF BUSINESS OR INDI	JSTRY 11. BIRTH	PLACE (State	ar fareign	country)	12. CIT	IZEN OI	WHAT	COUNTRY?
	Janitor				M:	arylan	d		11	CA		
13	FATHER'S NAME				14. MOTHER	S MAIDEN N	NAME			DH		
	Joseph	Stultz				Nonnie	And	lers				
	WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY NO. 117	. INFORMANT			Address				
(Ye	yes	World War		7-18-7213	Mrs. Cla	ra Rea	ans	Frede	rick.	Mar	nr] ar	nd
F		H [Enter only one cau						11000	2011,		VAL BETW	
		H WAS CAUSED BY:								ONSE	T AND DE	ATH
	immediate Cause (a) Coronary occlusion of circumflex and											
	14200 right coronary vessels								Tm	med.		
	Canditions, if any, which agree rise to immediate cause								1303	med.		
	(a), stating the u		125	anced athero	ta amont		277.0 70.0	70				
	cause last.	) (c)					evere			_	10 years	
8	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED 1	O THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PAR	T 1(a) 1	PEREC	AUTOPSY RMED?
A	Hyper	tensive ca	rdiova	scular disea	se					1	YES 🔲	NO 🗌
CERTIFICATION	20g. EXTERNAL CAUS		b. DESCRIBE	HOW INJURY OCCURRED	. (Enter nature of	injury in Par	t I or Part	II of item 18.)				
	CAUSE OF DEATH.											
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea			LACE OF INJURY			ty or tawn)	(Car	unty)		(State)
MED W	Haur a.m.	19	While at wor	Nat while	octory, street, affi	ce blug., etc.	,					
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	ACTUAL	7 11	1). X	Little TIT	CHIEF	MEDICAL EV	AMINED F	7			DATE S	IGNED
	SIGNATURE M.D. CHIEF MEDICAL EXAMINER											
	EXAMINER'S TO	denoted to to	244. 7		1					-	- 1-1	1/2
		dward W. D				Y MEDICAL		4-3			1/7/	
220	REMOVAL (Specify)	11/11	67	22c. NAME OF CEMETERY ROCKY Hill	OR CREMATORY		22d. LOC.	ATION (City, town,	ar county)		(Stat	
			01				1	1 Woodsbo			M	D
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS Walk	rsville	240. REC"	D BY REGIS	104				
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13212 CERTIFICATE OF DEATH

13196

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)				
a. COUNTY Washington MARYLAND	a. STATE Maryland b. COUNTY Washington				
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, writa RURAL and give nearest town)				
Hagerstown Rt.#2 4 Mos.	03 Hagerstown				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	, d. STREET ADDRESS (e. IS RESIDENCE				
Gateway Conv. Home	1497 Salem Ave.				
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF				
(Type or print) ALBERT LEWIS TROUPE	DEATH November 29 1961				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.				
Male White WIDOWED DIVORCED (	October 11.1889 72 yrs.				
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)					
Yardman Jamison Door Co.	. Funkstown, Wash. Co. Md. USA.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Scott Troup e	Ella (No Record)				
15. WAS DECEASED EVER IN U.S. ARMED EDROES? 1.16 SOCIAL SECURITY NO. 1.17. T	NFORMANT Ha Maddiess No mail and				
Yes (Ifyesgivawarordatesofservice) Yes W. W. #1 317-09-9546 Mrs	Hagerstown, Maryland. s.Lewis Penner, 1497 Salem Ave.				
18. CAUSE OF DEATH [Enter only one cause per line_for(p), (b), and (c)	I INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Care	dear Disease onset and Death				
434. 4 DUE TO					
Conditions, if any, which					
gava rise to immadiata causa					
(a), stating the underlying DUE TO					
(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED?				
3 Provide Nype	choppy YES NO X				
PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OR CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  CAUSE OF DEATH  OR CONTRIBUTING TO DEATH  OR CONTRIBUTING   . (Entar nature of injury in Part I or Part II of item 18.)					
	CE OF INJURY (Homa, farm, † 20f. (City or town) (County) (Stata)				
	ory, streat, office bldg., etc.)				
21. I certify that (I) (this hespital) attended the deceased from."	Sept 1, 196/ to Nov 29, 196/that (1) (we) last				
	death occured at 12. A from the causes and on the date stated above.				
22a. SIGNATURE	22b. DATE				
TOMES POLICE	D. ATTENDING MED. STAFF PHYS.   11/30/61				
22c. PHYSICIAN'S David R. Brewer	Clear Spring Md				
238. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)				
Burial 12/1/61 Rose Hill C	Gemetery Hagerstown, Maryland.				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
Andrew K. Coffman, Hagerstown, Man	WI and DATE DEC 4 '61 Cirlun & Krane				
VIIII ON V. VOITHBUIL, HERETS COMIT, MELL	<u> </u>				

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13213 CERTIFICATE OF DEATH

1	1	DI V.CE OR DE VEL											-		
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)										
I	Washington MARYLAND				o. STATE Maryland b. COUNTY Washington										
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give naerest lown)									
	Rural Clearspring 11 years						X	Rar	al Cle	arspring	7				
		d. NAME OF HOSPIT	AL OR INSTITUTION (	f not in hos	pital, giva	street address	1)	d. STREET	ADDRESS						ESIDENCE
			0.#1						F.D.					YES X	A FARM?
		NAME OF DECEASED	First		-	Middle		Last		4. DATE	Mont	1	Dey	Yee	r
н		(Typa or print)	GERTRUDE			LIZABET	'H	VANC	S	DEATH	Novem	ber	12	19	61
	5.	SEX	6. COLOR OR RACE	7. MARRIE	D NE	VER MARRIED	B.	DATE OF BIRT	Н	9	. AGE (In years lest birthdey)			IF UNDER	
	F	emale	White	WIDOWE		DIVORCED [		ctober	13,1	869	Q2 yrs.	Months D	eys	Hours	Min.
	10a	. USUAL OCCUPATI	ON (Give kind of work king life, even if retire	10b. KI	IND OF B	USINESS OR IN	NDUSTRY	11. BIRTHPLA	ACE (Coun	nty & State, or	foreign country)	12. CITIZ	ZEN OF	WHAT	OUNTRY?
	001	Housewif		0)				Wasi	ningt	on Co.	. Md.	II.	S.A		
	13.	FATHER'S NAME					1	14. MOTHER'S			,				
			Lewis Schn	ehlv					Varer (	C. Mid	dlekauff				
)			R IN U.S. ARMED FOR	CES?   16.	SOCIAL S	SECURITY NO.	17. IF	FORMANT	3		Address				
	(Ye	s, no, or unkown) (If	yasgiva war or dates of sa		one		Mrs	. Cathe	arine	Ronew	Clears	mmina	Mo		
		-	EATH [Enter only ona			, (b), end (c),	A dal si	o cauli	1 1110	Oney	OTGGIL	hr Tug		RVAL BET	WEEN
F		PART I. DEATH	WAS CAUSED BY:					ONLLA					ONSET AND DEATH		DEATH
×															
		491 X DUE TO													
		Conditions, if eny, which geva rise to immediate cause													
		(a), stelling the underlying DUE TO													
		cause lest. (c)													
	S S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?													
	CAI	HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE YES □ NO 凶													
	CERTIFICATION	20a. ACCIDENT WA	CAUSE OF DEATH	20b. DES	CRIBE HO	W INJURY OC	CCURED.	(Enter neture of	injury in I	Pert I or Pert I	l of item 18.)				
	_		MEDICAL EXAMINER)		THE I										
H	MEDICAL	20c. TIME OF INJUI	RY Month, Dey, Yee	v 20d. l While		While 20		E OF INJURY ( ry, street, office			y or town)	(Coun	ty)		(State)
Ţ	WEI	p.m.	19	at work	k at	work									
		21. I certify th	nat (I) (this hospit	al) attend	ded the	deceased	from.	10V 8			NOV.				
3		saw the decease	ed alive on NO.V.	1.1	1	6.1., and	d that	death occur	ed at.l	1.315 1.Al	the causes	and on th	ne da	te state	d above.
		22a. SIGNATURE	. 0	-		-		ATTENDIN	G A	MED.	STAFF		1	22b	DATE SIGNED
H		Viv	him to	beer (	91	lev-	- M.I	DIME		DIRECTOR [	PHYS.			11-1	3-61
		22c. PHYSICIAN'S NAME (Type)		00-03	- 00	LICAL A	4 0	22d. ADD		CDDII	NC M	DVIAA	ID		
		Prome (Type)	ARCHIE R	OBER1	CO	HEN, N	ч. D.	L L	LEAR	SPRII	NG, MA	ARYLAN	עע		
	23a	BURIAL, CREMATIC	ON, 236. DATE THER				_	R CREMATOR	1	23d. LOC	ATION (City, to	wn or county	)	(5	tete)
		Burial	11/14/19	61	Rose	e Hill	Ceme	etery		Hag	erstown			Md.	
	24	FUNERAL DIRECTOR	'S SIGNATURE	7 11	A	DDRESS			25a, REC	C'D BY REGIS	TRAR 25b. RE	GISTRAR'S S	IGNAT	URE	
	1	uter - noi	zer Funera	T Hom	e Ha	gerstow	m, l	ld.	DATEO	V 1 6 '61	an	thun 8 th	Traces		
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TO HOSP AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

70 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbox pagers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8

1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Washington	LAND STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STA	
write RURAL end give neerest town) Hagerstown 6mo.5	days XBoonsboro (Rural)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ess) d. STREET ADDRESS . IS RESIDENCE
Western Maryland State "ospital	ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer OF
(Type or print) CLEVELAND GROVE!	Y WALKER DEATH NOV 2 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Male White WIDOWED X DIVORCEE	
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Skeiner Silk Mill	Falling Waters W. Va. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Walker	Annie Walters
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give were orderes of service)  234 22 682	
No 234 22 682	OMr. Samuel Walker Hagerstown Md.
18. CAUSE OF DEATH  Enter only one ceuse per line for (e), (b), end (c	).] INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) URE MIC	ONSET AND DEATH
1 7	
Conditions, if eny, which \ (b) Carcinoma	of the prostate with vesical unknown
geve rise to immediate couse DUE TO NECK OFSTA	aution.
(e), steting the underlying Course lest.	Lucii i i
	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Anterios clero tie hear	PERFORMED?
	r disease YES NO W
E 200. ACCIDENT WAS UNDERLYING ☐   2Db. DESCRIBE HOW INJURY COR CONTRIBUTING ☐ CAUSE OF DEATH  U (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)
20c. TIME OF INJURY Month, Dey, Year   2Dd. INJURY OCCURRED	2De. PLACE OF INJURY (Home, farm, 201. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer Pour B.m. And White Not White Pour B.m. 19 Pour B.m. 19 Pour B.m. 19	factory, street, office bldg., etc.)
21. I certify that (I) (this hearitat) attended the deceased	from 4-27, 196/to 11-2-, 196/that (1) (we) last
saw the deceased alive on 11-2- 1961	nd that death occured at 332M, from the causes and on the date stated above.
220. SIGNATURE //	22b. DATE
young 6. Cha	M.D. ATTENDING MED. STAFF 11-9-196
22c. PHYSICIAN'S	/ 22d. ADDRESS /
NAME (Type) YOUNGE, CHU	1 1500 Leuna AVE Hayerrown Wol
principal (C. 1)	METERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Buria Specify Nov. 4-61 St. Pau	ls Cemetery Near Clearspring Md.
24 FUNERAL DIRECTOR'S SIGNATURE AND RESS	+ MALO   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
(1 When I Lent Welliams	poly Co DATE NOW 6 '81 Outly S. King
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DIVISION	SE STATISTICAL RESI	EARCH AND RECORDS	, 301 W. PRESTOI	r NEALIN N STREET, BALTIMORE 1, A I	AARYLAND 12199
1. PLACE OF DEATH		ems 7 & 23 Fil	m G302 12/ 2. USUAL RESIDEN	ICE (Where deceased lived, If Institution	Residence before edmission)
	(if outside corporete limits,	c. LENGTH OF STAY IN 16		(If outside corporete limits, write RURAL	
write RURAL end	d give neerest town)	b45 years	Hagerst	. 0	and dive beerest fown)
Hagersto	TAL OR INSTITUTION (if not in	7.77	d. STREET ADDRESS		e. IS RESIDENCE
201 Ross		nosphot, give street eduless,	201 Ros		ON A FARM?
3. NAME OF DECEASED (Type or print)	Nora	Elsie	Weaver	4. DATE Month OF DEATH Nov.	29, Yeer 19 61
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers IF UNDE lest birthdey) Months	R 1 YEAR   IF UNDER 24 HRS.
female	white WIDO	WED DIVORCED XX	July 30, 1	882 79 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPAT done during most of wo house V  13. FATHER'S NAME	orking life, even if retired)	b. KIND OF BUSINESS OR INDUST		, Wash.Co., Md.	CITIZEN OF WHAT COUNTRY?
	David Shank			Clara Mille	r
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	
(Yes, no, or unkown) (I	If yes give wer or dates of service)	000 01 0000		Weaver, Hagersto	wn. Md.
no	EATH [Enter only one ceuse p		110 1141 4 11		INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)		ARDIAL	INFARCT	MINULTES
42011	DUE TO		n in	2 6	
Conditions, if eny		be weighti	2121) ATTHER	sclenosis	4KS
geve rise to immed (e), steting the u	DI IF TO				
couse lest.	) (c)				
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT W	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Pert I or Pert II of item 18.)	
Y 20c. TIME OF INJU	W		ACE OF INJURY (Home, fer ctory, street, office bldg., etc		ounty) (Stete)
		tended the deceased from 1961, and tha		1961, to 1-29, 1	
220. SIGNATURE					22b. DATE
Hara	ed RThill	ea I		MED. STAFF DIRECTOR PHYS.	11-30-61
22c. PHYSICIAN'S NAME (Type)	HAROLD R.	Tritch Je M	1 30 V	N. DoToune ST	. Itacksforwin
23e. BURIAL, CREMATI REMOVAL (Specify) burial	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, fown or cou	
			irch Cemeter		
24 FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR 25b. REGISTRAR	
Scott F.	Minnich & S	on, Hagerstow	n, Md.   DATE	C 6 '61   Chilun 1	. Thank

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Scott I. Minutch A Son, Importtown, Md. - and a Wolfer Lines

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEAT				a. STATE		b. COUNTY _	Rasidanca before admission
	shington		MARYLAND		Md.		Wash.
b, CITY OR TOWN write RURAL an	(it outsida corporate limit d give neerast town)	is,	c. LENGTH OF STAY IN 1b	11 11		limits, writa RURAL a	ind give nearest town)
Hagersto			4 weeks	X Smith	sburg		
d. NAME OF HOSP	TAL OR INSTITUTION (i	t not in hosp	ital, giva street address)	d. STREET ADDRES	SS		a. IS RESIDENCE
Wilson I				1			YES NO X
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day Year
(Typa or print)	Samue	1	Franklin	Webb.	DEATH	Nov	· 30, <sub>19</sub> 61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		GE (In years   IF UNDER	
male	white	WIDOWED		Oct. 10,	1881 8	O yrs. Months	Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work		ID OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (Co			TITIZEN OF WHAT COUNTRY
labor	orking life, aven if retired	4)	arming	Foxvill			
13. FATHER'S NAME	James Web	b		14. MOTHER'S MAIDE		e Anne B	aker
15 WAS DECEASED IN	ER IN U.S. ARMED FOR		OCIAL CECUDITY NO. 1 47				
	If yas give war or dates of se	ervice)	OCIAL SECURITY NO. 17.			Address	
no			3-12-7185	Mrs. Jose	phine St	evens, Ha	ag., Md.
	DEATH [Entar only ona	cause per lin	ne for (a), (b), and (c).)				ONSET AND DEATH
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myo	cardial Fai	71110			30 Dave
4771	DUE TO			The State of the S			
Candidana II		A ===	omi on all amak	1 - 0 1: -			20 77
Conditions, it and	1 10/_	18 T. A	eriosclerot	ic varato	vascular	Disease	TO Yrs.
(a), stating tha	DITE TO						
cause last.	) (c)_						
PART II. OTHE	R SIGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED?
3							YES NO
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RISE HOW INJURY OCCURE	O. (Entar nature of injury	in Part I or Part II of i	lem 18.)	
	JRY Month, Day, Yea	r 1 20d IN	NJURY OCCURRED   20e. PL/	ACE OF INJURY (Homa, fo	farm, 20f. (City or	own) (Co	ounty) (Stata)
20c. TIME OF INJU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	While	Not While fac	tory, street, office bldg.,		(0.	(0)
	19	at work			1		
21. I certify	that (I) (this thospit	al) attend	ed the deceased from.	3-12	, 1951, to]	l.=30, 16	6.], that (I) (we) la
saw the decea			19.61, and tha			e causes and on	
22a. SIGNATURE	45 Klo	12	/	ATTENDING PHYS.		TAFF HYS.	22b. DATE 11-30-61 SIGNE
22c. PHYSICIAN'S NAME (Type	1 ~ .	F. He	ss M.D.	22d. ADDRESS	sburg, M	3 -	
220 PUDIAL CREATA	ION, 23b. DATE THER		23c. NAME OF CEMETERY			N (City, town or cour	nty) (State)
REMOVAL (Spacify	12-2-6			Cemetery		rick Co.	
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	25a. I		256. REGISTRAR'S	SIGNATURE
Scott F.	Minnich	& Son	, Smsithsbu	rg, Md DATE	DEC 4 '61	arthur	S. Kraue

TO HOSP AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

5 4 may be retained by the hospital or attending physician.

TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

Se & Se Mais A to the Then .byfa negily .ddell nlibbart found . Cr. . roy ws Tarming Poxellio, Md. 213-32-3185 Just Josephine Stevens, Harr. 581. tral 12-2-51 Mt. Bethal Comotory Frud alok Co., Mg. Scott F. Minnich & Son, Smrittsburg, Md.

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, 4 5 t MARYLAND MAIZULANID WASHINGTON

c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) by th c. LENGTH OF STAY IN 16 write RURAL and give nearest town! .= = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MD. RUBAL Pages filled e. IS RESIDENCE ON A FARM? 100 NIS BORO MD, 1712 YES NO Year DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH DEATH 196/ NO VEIVIBER . 29. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. pue last birthday) Months Days +EMALIE WIDOWED WHITE EPTEMBER, 16.196 YIS. remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired yue ui NONE WASH . CO . HUSPITAL HAGERSTOWN MP. U.S.A 13. FATHER'S NAME please attending 5 ESTER OLA MONGAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) LESTER DOONSBORD MD. R.Z NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ģ, ONSET AND DEATH PART I. DEATH WAS CAUSED BY, 10 -· weeks signed IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, if any, which has been gave rise to immediate cause DUE TO (e), stating the underlying cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING | CAUSE OF DEATH Lxa\_ (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) Hour a.m. et work at work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from........... .19. L., and that death occured at I.A.M., from the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS SECONDARI NAME (Type) ROONS BORO director, be filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Kraus DATE DEC 6 15M 7/61 DOONS130RD

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h h	- 30		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown).  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown).	giva naarast town)
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h can be not a series		13.	FATHER'S NAME  CENERAL TARM WORK, NASHINGTON COUNTY NID. (	27
the death	patricia.		SHERMAN E. WOLFE DOLLY SUNIMIERS	
e ten	-1	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT / Address	
the att		(Ya	s, no, or unkown) (Afyesgiva war or defes of servica) 219-05-9907 FRANKLIN E. WOLFE SMITHSBUR	17.7.
T	_/		18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]	INTERVAL BETWEEN
sicial d by perm or r			PART I. DEATH WAS CAUSED BY: Coronary Thrombosis	onset and DEATH
phy phy gne isit			420. DUE TO	74
n si rrar			Conditions, if any, which (b) Cardio-Renal Disease	40 vrs
end end bee rial			gave rise to immediata cause	
or athe has the but burial,	1		(a), stating the underlying scars last. (c) Scarlet Fever aet 10 yrs	
IAN: ital or cate h as the to bur	0	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	
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She Fee		1×	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (Count	y) (State)
of Af		MEDICAL	Hour a.m.  While Not Whila factory, streat, offica bldg., etc.)	
O B.		2	p.m. 1	(7 that (1) (1) last
A CT De			21. I certify that (I) (this hospital) attended the deceased from July, 13, 19.61 to Nov. 20, 19.4 saw the deceased alive on Nov. 20	o data stated above
RE IRE			22a. SIGNATURE	22b. DATE
P G S P			ATTENDING MED. STAFF	SIGNED
AIL AIL	1		22c. PHYSICIAN'S J.M. Baxter. M.D. 22d. ADDRESS 4 East Church St.	
KE WE	- 1		NAME (Type) J.M. Daxter. M.D. Frederick. Md.	
death. ge 4 red death. TO FUNERAL I director, page 3 be filed with the		23	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City, town or county)	(Stata)
A dio			REMOVAL (Specify) NAME 24 (CV.) BOUNDED TO COME WAS	H. CO.MP
VR A15 (4)	0	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
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# TO HC STAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execution 24 hours atterdeath ge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complemy filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be exer

VR A15 (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13219 10001

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence defeat admission)
•. COUNTY WASHINGTON MARYLAND	•. STATE MARYLAND b. COUNTY WASHINGTON
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
HAGERSTOWN LIFE	03 HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
109 E. FRANKLIN ST.	109 E. FRANKLIN ST. YES NO N
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
	ZAHN DEATH NOVEMBER 10 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED	1/16/1883 Test birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM A. NEWMAN	EMMA C. McGRUDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address HAGERSTOWN
(Yes, ng Ounkown) (Hyesgive war or dates of service) NONE M.	R. CHARLES W. ZAHN SR. MD.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Coronary occlusi	on 15 min.
1/2 O/1 DUE TO	
4201	heart disease Indefinite
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Conditions, if any, which geve rise to immediate cause (e), stelling the underlying cause lest.  (b) Arteriosclerotic DUE TO (c) Hypertensive vas	cular disease Indefinite
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Conditions, if any, which geve rise to immediate cause (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEAT	CULAR disease  Tracefinite  Of RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO PERFORMED?  YES

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY e. STATE Wicomico Maryland by the and 2 sideath. MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) 2500 days Salisbury Rhodesdale .5 = hours after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Deer's Head State Hospital Box ha: RFD papers. n 72 ho 3. NAME OF 4. DATE Middle DECEASED OF (Typa or print) Marjorie Ella DEATH Haveraft within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (in yeers | IF UNDER 1 YEAR and Female White WIDOWED [ DIVORCED T event, physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) None Madelia, Minn. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊆ attending James B. Haycraft Sarah Woodhall Then | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Häycraft, aron Hill: (Yas, so, or unkown) (Ifyesgive werordatasofservice) None Sharon attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] permit. PART I. DEATH WAS CAUSED BY: Chronic pyelonephritis IMMEDIATE CAUSE (e) the burial-transit DUE TO (b) geve rise to immadiate ceuse DUE TO (a), steting the underlying certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY Rheumatoid arthritis, multiple; diabetes mellitus use prior 20a. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of ilam 18.) OR CONTRIBUTING CAUSE OF DEATH detached for may be retained by the DIRECTOR: After this of Health è 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) Month, Day, Yeer factory, streat, office bldg., atc.) While Not While Hour a.m. et work at work p.m 21. I certify that (I) (this hospital) attended the deceased from Jan. 1. 19.55 to Nov. 5 ... 19.61, that (I) (we) last Pe should saw the deceased alive on. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) V. Maldve, M.D. Head Hospital: Salisbury, Md. 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF

FUNERAL director, l 10 VR A15 (4) 15M 9/60

REMOVAL (Specify)

Phila. Memorial Park

Frazer.

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STAFF

PHYS.

b. COUNTY

November

Months

Deys

last birthdey)

Address

Kenney Avenue

Dorchester

a. IS RESIDENCE ON A FARM?

YES NO

19 67

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

Years

PERFORMED?

(State)

22b. DATE

(State)

SIGNED

YES NO .

12. CITIZEN OF WHAT COUNTRY?

USA

Yeer

(County)

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